



EDUCATION PLAN FOR FINANCIAL AID – MAXIMUM TIMEFRAME APPEAL

(**SUBMIT THIS FORM WITH YOUR DEGREE AUDIT REPORT (DARS) AND YOUR APPEAL FORM **)

Office of Financial Aid – (503) 491-7262; (503) 491-7379 Fax
 Email: FinAid.Mail@mhcc.edu

Student's Printed Name _____ Student ID #: _____ Major: _____ Catalog Year: _____

REASON FOR APPEAL, I need(ed): <input type="checkbox"/> Developmental courses before taking college level courses <input type="checkbox"/> Retraining due to a lack of employment <input type="checkbox"/> Retraining due to circumstances beyond my control <input type="checkbox"/> Other: (describe) _____	EDUCATIONAL GOAL : Check only one <input type="checkbox"/> Associate of Applied Science (AAS) <input type="checkbox"/> Associate of Science <input type="checkbox"/> Certificate <input type="checkbox"/> Associate of Arts– Oregon Transfer (AAOT) <input type="checkbox"/> Associate of Science – Oregon Transfer Degree in Business (ASOT) <input type="checkbox"/> Preparatory Coursework for another college program <input type="checkbox"/> Associate of General Studies (AGS) <input type="checkbox"/> Other: _____
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TERM / YEAR		
*	Course # and Title	Crs
Term Credit Total		

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I have read and understand the *Keeping Financial Aid* and *Eligibility Requirements* sections of the Financial Aid website. **I understand that this educational plan is my contract with MHCC as to what I will register for in the future to complete my educational goal noted on this form.** All classes apply toward my academic major (unless otherwise noted*). All transcripts from other schools should be evaluated before this plan is done as that may cause aid to be delayed or cancelled. **Any changes to this plan will delay your aid and may result in aid being cancelled.**
 * N = Not applicable towards my stated educational goal

Comments & Noted Student Responsibilities:

Student Signature: _____ Date: _____ Faculty/Academic Adviser Signature: _____ Date: _____

Faculty/Academic Advisor Printed Name _____

Form MUST be signed by advisors and students (Additional terms for planning are available on the next page.)

TERM / YEAR		
*	Course # and Title	Crs
Term Credit Total		

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