MILLE LACS BAND SCHOLARSHIP PROGRAM

STUDENT EDUCATION PLAN

Academic Year:

Phone: (866) 916-5282 Mail to: 43408 Oodena Dr., Onamia, Minnesota 56359 **Fax (320) 495-3707**

PURPOSE

The purpose of a student education plan is for you to identify all remaining courses required to obtain your college degree. Each student on the MLBSP is required to complete this student education plan (SEP). Failure to do so will result in delayed funding. You are restricted to taking the courses needed to complete your graduation requirements. Set up an appointment with your student advisor at the institution you are attending; a student advisor signature is required. Please keep a copy of your SEP for future reference. Return the original to the MLBSP office.

Last Name	First Name	Social Security Number	Today's Date

Institution Attending	Major	Minor

Total Credits to Date	Credits Needed to Graduate	Type of Degree to be Earned(i.e. AA, AAS, BA, BA, MA, Tech, etc.)

LIST ALL CLASSES REQUIRED FOR GRADUATION

Fall Quarter/1st Semester	Winter Quarter/2nd Semester	Spring Quarter

UNDERSTANDING OF STUDENT EDUCATION PLAN (STUDENT)

I have read the MLBSP-Student Education guidelines and I agree to abide by the regulations set forth as prescribed. Further, I give permission to my institution student advisor to share with the MLBSP, all information pertaining to my class scheduling. I also do hereby give permission to the MLBSP to obtain information from all other sources relating to this SEP. I declare that the information given by me in this SEP is true, correct and complete to the best of my knowledge.

_____ _____

SIGNATURE OF STUDENT DATE

VERIFICATION BY STUDENT ADVISOR (STUDENTS: DO NOT WRITE BELOW THIS LINE)

I have reviewed the SEP with the student and I confirm that the course requirements that are listed meet graduation requirements of this educational institution, within a reasonable time frame.

_____ _____ _____

SIGNATURE OF STUDENT ADVISOR TELEPHONE NUMBER DATE