MILLE LACS BAND SCHOLARSHIP PROGRAM STUDENT EDUCATION PLAN

Phone: 1-800-709-6445 Mail: 43408 Oodena Drive, Onamia MN 56359 Fax: 320-532-7826

The purpose of a student eduation 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 ourses needed to cplete 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 Date **Institution Attending** Major program of study Minor (if applicable) Total credits to date Credits needed to graduate Degree to be Earned (AA, AS, BA, BS, MA, Tech, Cert.) LIST ALL CLASSES REQUIRED FOR GRADUATION Fall Qtr/1st Semester Winter Quarter Spring Qtr/2nd Semester 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 my permission to my institutuion 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 finformation from all other sources relating to this SEP. I delcare 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