



Office of Financial Aid
2009/2010 Educational Plan

Master of Public Health Program

Please submit a new educational plan each semester if there are any changes from your original educational plan.

Please return this form to: Eastern Virginia Medical School
Office of Financial Aid
700 Olney Rd., Rm 1173A
Norfolk, VA 23507

Forms may be faxed to: (757) 446-7993

Name: _____

Social Security Number: _____

Track: (Please circle) Environmental Health / Epidemiology / Health Mgmt. Policy Expected Graduation Date: _____

Please complete the requested information for each term you will attend. If you will not be taking courses in a particular term, please indicate as such. Include both EVMS and ODU courses.

FALL TRIMESTER

Table with 2 columns: Course Title, # of Credits. Includes a Total Credits row with an empty box.

SUMMER TRIMESTER

Table with 2 columns: Course Title, # of Credits. Includes a Total Credits row with an empty box.

SPRING TRIMESTER

Table with 2 columns: Course Title, # of Credits. Includes a Total Credits row with an empty box.

I understand that any changes to this educational plan could result in a change and/or loss of my eligibility for financial aid. I also understand that I am responsible for informing the Office of Financial Aid of any changes in my educational plan that occur at any time during the 2009/2010 academic year.

Signature _____ Date _____

You must be enrolled at least six hours each term to be eligible for financial aid.

Changes in enrollment status must be reported to the Office of Financial Aid immediately. Changes in enrollment may result in a change in the student's financial aid award. If you have questions, please call (757) 446-5804.