

Eastern Virginia Medical School

2006/2007 Educational Plan

Biomedicine Research 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 1169
Norfolk, VA 23507

Name: _____

Social Security Number: _____

Expected Graduation Date: _____

Track: (Please circle) Cell Biology and Molecular Pathogenesis - OR - Molecular, Cellular and Integrative Physiology

Thesis Option: (Please circle) Thesis - OR - Non-Thesis

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

Course Title # of Credits

_____	_____
_____	_____
_____	_____

Total Credits:

SUMMER TRIMESTER

Course Title # of Credits

_____	_____
_____	_____
_____	_____

Total Credits:

SPRING TRIMESTER

Course Title # of Credits

_____	_____
_____	_____
_____	_____

Total Credits:

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 2005/2006 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) 446-5813.