

# Eastern Virginia Medical School

2007/2008 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 1169  
Norfolk, VA 23507

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Track: (Please circle)      Epidemiology   - OR -   Health Management/ Policy

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:**

### **SPRING TRIMESTER**

Course Title	# of Credits
_____	
_____	
_____	

**Total Credits:**

### **SUMMER 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 2007/2008 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.