

Revised Educational Plan for Health Profession Programs

NOTE: SUBMIT A REVISED EDUCATIONAL PLAN WHENEVER THERE IS A CHANGE FROM YOUR ORIGINAL ONLINE APPLICATION

Name _____ SSN (Last 4 digits) _____

Academic Yr. Start Date: _____ / _____
Month/Year

Anticipated Grad Date _____ / _____
Month/Year (Required)

Program / Track (if applicable) _____

Please return this form to: Eastern Virginia Medical School
Financial Aid Office
P.O. Box 1980
Norfolk, VA 23501-1980

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

Forms may be emailed to: finaid@evms.edu

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 all courses registered through EVMS.

DELIVERY MODES: (D) Distance only (C) In Classroom only (H) Hybrid (both Distance & Classroom)

TERM 1
Delivery Mode _____ Total Term 1 Credits: _____

TERM 2
Delivery Mode _____ Total Term 2 Credits: _____

TERM 3
Delivery Mode _____ Total Term 3 Credits: _____

I understand that changes to this educational plan could result in **adjustments to my eligibility for financial aid. I also understand that I am responsible for informing the Financial Aid Office when my Educational plan changes at any time during the academic year.**

Signature

Date

You must be enrolled at least half-time in a term to receive financial aid (4 hours each in Terms 1 or 2 or 3 hours in Term 3).

All changes in enrollment status must be reported to Financial Aid. Changes in the number of your credit hours may result in a financial aid award adjustment. Delay in reporting will result in delay of release of funds. If you have questions, please call (757) 446-5804.