MILLE LACS BAND SCHOLARSHIP PROGRAM STUDENT EDUCATION PLAN

Academic Year:

Phone: 320-532-4695 Mail to: 43408 Oodena Dr., Onamia, Minnesota 56359

Fax 320-532-7826

The purpose of a student education plan is f on the MLBSP is required to complete this restricted to taking the courses needed to constitution you are attending; a student advioriginal to the MLBSP office.	s student education plan (mplete your graduation rec sor signature is required.	ining courses requi SEP). Failure to uirements. Set up Please keep a cop	do so will result in delayed f an appointment with your study y of your SEP for future refer	funding. You are dent advisor at the rence. Return the
Last Name First Nam	e ·	Social Sec	urity Number	Today's Date
Institution Attending	Major		Minor	·
Total Credits to Date Credits N	Credits Needed to Graduate Type of Degree to be Eamed(i.e. AA, AAS, BA, BA, MA, Tech, etc.)			
LIST ALL CLASSES REQUIRED FOR GRADUATION				
DIST ALL CLASSES REQUIRED FOR GRADON TON				
Fall Quarter/1st Semester	Winter Quarter/	2 nd Semester	Spring Quar	rter
Ti .				-
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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 permission to my institution 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 information from all other sources relating to this SEP. I declare that the information given by me in this SEP is true, correct and complete to the best of my knowledge.				
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SIGNAT	JRE OF STUDENT		DATE	
VERIFICATION BY STUD	ENT ADVISOR (STUD)	ENTS: DO NOT V	VRITE BELOW THIS LINE	E)
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I have reviewed the SEP with the stud requirements of this educational institu				eet graduation
SIGNATURE OF STUDENT ADVI	SOR	TELEPHO	ONE NUMBER	DATE