



**Student statement of plan to make Satisfactory Progress in the future:** *The plan must include:*

- A proposed plan addressing the educational difficulty you were having and how you will handle the difficulty in the future. (i.e: reduction of units, 300 level courses, better time management, tutoring, etc.)

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**Ed Plan**

I have met with the student and attached is the comprehensive educational plan listing the courses that the student needs to complete.

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Certification**

Your signature below acknowledges that you have read and understand the following restrictions:

- Failure to complete all section of this form will result in a denial of the appeal.
- I will not be funded for courses other than those listed on the educational plan.
- If I enroll in courses not listed on the plan, I will be placed on Permanent Loss of Eligibility. I will have no more financial aid eligibility here at MPC.
- I understand no changes may be made to the educational plan, unless I contact financial aid office prior to the beginning of the semester and complete the Change of My MAP Form.
- I must complete all courses with a minimum semester and cumulative GPA of 2.0 or better and a semester and cumulative Pace Progression of 2/3 or better. Failure to meet these requirements will result in a Permanent Loss of Eligibility.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Appeal Status:** For school use only.

**Financial Aid was:**

- Reinstated on Probation + Conditions of Reinstatement: \_\_\_\_\_  
\_\_\_\_\_
- Not Reinstated: Why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Committee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Committee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Committee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Committee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_