



# MICHIPICOTEN FIRST NATION

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## *EDUCATION PLAN UPDATE*

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### **BASIC STUDENT INFORMATION** (It is your responsibility that your address and telephone number is current)

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

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

## *EDUCATION PLAN*

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Michipicoten First Nation Band Number: \_\_\_\_\_

Name of University or College you are attending: \_\_\_\_\_

Location of College or University you are attending: \_\_\_\_\_

What course or program are you taking: \_\_\_\_\_?

University or College Student Number: \_\_\_\_\_

Are you: Full - time                      or                      Part-time

Community College Diploma \_\_\_\_\_ Univ. Diploma \_\_\_\_\_ B.A. \_\_\_\_\_ M.A. \_\_\_\_\_ PhD \_\_\_\_\_

Length (Yrs) of Program: \_\_\_\_\_ Current Year of Study:    1<sup>st</sup>            2<sup>nd</sup>            3<sup>rd</sup>            4<sup>th</sup>

Are you planning to attend school in the spring and/or Summer Semesters:    Yes                      No  
(Verification required by institution that it is considered as Full Time for living allowance sponsorship to apply)

Are you planning to continue school for September, 2005, if so please complete and submit attached continuing assistance form?

Will you be graduating this spring:    Yes                      No                      Graduation Date \_\_\_\_\_

**Graduating students are reminded that a copy of certificate, diploma or degree is required for your file.**

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**SIGNATURE OF STUDENT**

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**DATE**