Get There.
CENTRAL PIEDMONT COMMUNITY COLLEGE

Educational Plan

Student Financial Aid Office

Student's intent/goal (indicate one)

AS/AA degree _____ AASdegree _____ Certificate _____ Program _____
(Must be the same as program on file with the Records Office)

Expected degree completion date _____ _____
Month Year

This section must be completed and signed by **an academic advisor and the student**. **The plan must be completed semester by semester**.

Fall 20 _____	Spring 20 _____	Summer 20 _____
Course Name & # SHC	Course Name & # SHC	Course Name & # SHC

Fall 20 _____	Spring 20 _____	Summer 20 _____
Course Name & # SHC	Course Name & # SHC	Course Name & # SHC

Fall 20 _____	Spring 20 _____	Summer 20 _____
Course Name & # SHC	Course Name & # SHC	Course Name & # SHC

Comments:

Student's Signature _____ Date_____

Advisor's signature _____ Date _____

Warning: ***According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to $20,000 or imprisonment for up to 5 years, or both.***

Do not mail any documents to the U.S. Department of Education.
Submit all requested documentation to CPCC's Financial Aid Office by fax (704.330.5053).

You should make a copy of this worksheet for your records.

PRINT