

MyCAA Education & Training Plan (ETP)

Enter school name and campus
Enter campus street address
Enter campus city, state, & zip code
Enter campus phone number
Enter school website URL

Student Information:

Student Name: Enter student name

School Issued Student ID: Enter student ID (if applicable)

Program Name: Enter program name

Program Type: Enter certificate, credential license, or associate degree

Program Duration: Enter total length of program

Scheduled Start Date: Enter program start date

Estimated Completion Date: Enter program end date

Course Delivery Format Enter if program is on-site, distance learning/online, or both

Program Overview:

Enter complete program description in this cell.

Extra line

Certification/Licensure Eligibility upon Program Completion:

Enter name of certification, credential or licensure exam that student will be eligible for upon completion of this program (i.e. NCLEX, CNA, Dental Hygienist, Radiology Technician, Pharmacy Technician, etc.) in this cell.

Tuition Cost:

Enter total cost of tuition to include a breakdown of per credit hour charges if applicable.

Course Breakdown:

Enter each course or block of study in the table below for which MyCAA financial assistance is being requested. Insert additional rows as needed to accommodate all required coursework.

Course/Program Code	Course/Program Title	Course Credits (if applicable)
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Enter course/program code

Enter course/program name/title

Enter # of credits

School Official Certification:

By my signature below, I certify the above information is true, accurate, complete, and being submitted on behalf of the institution named in this document.

Signature/Title of Authorized School Official

Date

School Official Printed First and Last Name

School Official E-mail and Phone Number