



Menominee Tribal Education Department - Education Plan for NEW Students

Name: _____ DOB: _____

Mailing Address: _____

Telephone: _____ Email: _____

☐ Full-time student Major: _____

☐ Part-time student School: _____

Highest grade completed

☐ High School Diploma ☐ GED or HSED ☐ Other: _____

Current employment

☐ Employed full-time ☐ Employed part-time ☐ Unemployed ☐ Other: _____

Current employer: _____

Position: _____ Start/End date: _____

Hobbies/Interests: _____

LONG TERM GOALS: What are your long-term goals for the next 2-5 years? Think about them and list them below

SHORT TERM GOALS: These take days/weeks or months to complete. What are your short-term goals?

OBSTACLES: What obstacles do you need to overcome to meet your goals? Examples: housing, financial, transportation, class materials, fees, remedial classes, tutoring, etc.). Think about possible solutions to those obstacles.

OBSTACLE

SOLUTION

OUTCOME: When will you graduate? _____

Are you considering continuing education beyond your current program?

____ Yes: ☐ Bachelor's degree ☐ Master's degree ☐ Doctorate degree Where? _____

____ No: ☐ Employment ☐ Other: _____

Please submit your course schedule to the Tribal Education office.

Student signature _____ Date _____

Education Director Signature _____ Date _____