|  |  |
| --- | --- |
| 11/7/13 | EDAK 3774 4/22/09 |
| C | Employment & Economic Assistance DepartmentDakota County Northern Service Center1 Mendota Road West Suite 100West St. Paul, MN 55118-4765Phone 651-554-5611www.co.dakota.mn.us |
|  |  |

**MFIP POST-SECONDARY TRAINING PLAN APPROVAL**

|  |  |  |  |
| --- | --- | --- | --- |
| Case Name: |       | Case Number: |       |
| Address: |       |  |  |
|  |       |  |  |

Congratulations, your MFIP post-secondary training request has been approved. Attached are the details of your training plan:

|  |  |  |
| --- | --- | --- |
| School: |  | Training Program/Degree: |
|       |  |       |
|  |  |  |
| Summer School Included? |  | Expected Date of Completion: |
|  [ ]  Yes [ ]  No |  |       |

**Your responsibilities are as follows**:

* Turn in documentation of your attendance biweekly.
* Submit your grades at the end of each term.
* Submit your class schedules at the start of each term.
* Attend class regularly.
* Maintain satisfactory progress (C average or higher).
* Follow your employment plan.
*
*

**Please sign the following agreement**:

**I have read the above plan. I agree to the above steps needed to complete my post-secondary training. I understand that I could be sanctioned or required to do another activity if I fail to fulfill my client responsibilities as listed above.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | **Client Signature** | **Date** |

Please return by     .

|  |  |  |
| --- | --- | --- |
|       | 651-554-      | 651-450-      |
| Employment Counselor | Phone Number | Fax Number |

Section 2