



My Academic Plan (MAP)

Financial Aid Office/Enrollment Services
452 South Anderson Road, Rock Hill, South Carolina 29730
Phone 803-327-8008 Fax 803-981-7278

Student Name: _____ ID: _____

Goal at York Tech: ___ Associates Degree ___ Diploma Program ___ Certificate Program

Are you intending to transfer to another institution? ___ Yes ___ No ___ Unknown

Have you spoken with a financial aid counselor regarding your status? ___ Yes ___ No

Current GPA: _____

To be completed with an advisor:

TERM:

TERM:

TERM:

Notes:

Advisor Signature: _____ Advisor Email: _____

Student Signature: _____ Student Email: _____