

Contract Number(s)

Notice to Declare a Major Area of Study

The beneficiary must submit this notice to MET to declare a major area of study.

Beneficiary Name (Student)	Beneficiary's Social Security Number
Street Address	Daytime Telephone ()
City, State, ZIP Code	E-mail Address
Name of University/College	
Signature of Beneficiary (Student)	Date

TO BE COMPLETED BY THE BENEFICIARY'S UNIVERSITY OR COLLEGE

NAME OF DECLARED MAJOR _____

This is to certify that the number of credit hours required for a baccalaureate or associate degree in the major area of study listed above is _____.

Please note that MET does not cover credit hours required for: (1) a five-year baccalaureate degree program, (2) a double major or (3) a major and a minor.

Signature or Stamp of University/College
Registrar's Office

Date

MAIL TO:
Michigan Education Trust
P.O. Box 30198
Lansing, MI 48909

Fax: (517) 373-6967

Form also available at www.SETwithMET.com

MET USE ONLY

Added	Used	Available
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