

MyCAA Education & Training Plan (ETP)

Cloud Nine Yoga - MAIN
4146 N Waiakalua Street
Kilauea, HI 96754
310-989-0878 / 808-320-3492
<http://cloudnineyoga.com>

Student Information:

Student Name: Enter student name

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

Program Name: Enter program name

Program Type: Certification

Program Duration: Enter total length of program

Scheduled Start Date: Enter program start date

Estimated Completion Date: Enter program end date

Course Delivery Format On-site

Program Overview:

Enter complete program description in this cell.

Extra line

Certification/Licensure Eligibility upon Program Completion:

Certified Yoga Instructor / Yoga Alliance RYT Eligibility

Tuition Cost:

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.

Erika Calig, Director

Signature/Title of Authorized School Official

Erika Calig

School Official Printed First and Last Name

9/21/2019

Date

yogaoncloud9@gmail.com
310-989-0878

School Official E-mail and Phone Number