

Appeal to Change Academic Plan

If you are currently receiving federal student aid under an approved SAP Appeal and you wish to make changes to your academic plan or have officially changed your program of study, please complete this form. You are required to provide justification for the change and may be required to submit supporting documentation for your stated circumstances.

A. Student Information (Please Print)

| Last Name | lame First Name M.I. | | PCC Student ID Number | Telephone Number | | | | | |
|---|----------------------|---------------|-----------------------|------------------|--|--|--|--|--|
| 3. Schedule an appointment with your Program Advisor and develop an Academic Planner for your new program of study: | | | | | | | | | |
| Program Advisor Section (this section must be completed by your Program Advisor (attach Academic Planner to this form) | | | | | | | | | |
| 1) The student needs: credit hours of ESL/Remedial/Prerequisite or other non-applicable coursework included in the student's academic plan. | | | | | | | | | |
| 2) The student needs: credit hours applicable to the degree/certificate requirements included in the student's academic plan. | | | | | | | | | |
| 3) The student needs a total of: (add 1 and 2) credit hours to fulfill the student's academic plan in (new POS): | | | | | | | | | |
| Other specific instructions by Program Advisor: | | | | | | | | | |
| | | | | | | | | | |
| Advisor/Counselor Printed Name | | Advisor/Couns | elor Signature | Campus | | | | | |
| C. Appeal Questions | | | | | | | | | |
| 1. Why are you changing your Program of Study (POS)? Note: You must have extenuating reasons for this change. | | | | | | | | | |
| | | | | | | | | | |
| 2. How will your new POS support your long-term academic long-term goals? | | | | | | | | | |
| | | | | | | | | | |
| 3. What other measures have you taken to make yourself academically successful? | | | | | | | | | |
| | | | | | | | | | |
| D. Student Signature (Required) | | | | | | | | | |
| | | | | | | | | | |

Student Signature

Date

Scan and upload the completed appeal form, academic planner and supporting documents using the MyPima FA Document Upload tool, or <u>make an appointment</u> to submit to any campus Student Services Center.

| FINANCIAL AID SAP APPEAL COMMITTEE USE ONLY | | | | | | | | |
|---|--------|--|--------|------|--|--|--|--|
| Approved | | | Denied | | | | | |
| Comments: | | | | | | | | |
| | | | | | | | | |
| Appeal Committee Representative Signature | Campus | | | Date | | | | |

Pima Community College is an equal opportunity, affirmative action employer and educational institution committed to excellence through diversity. Upon request, reasonable accommodations will be made for individuals with disabilities. Every effort will be