

Academic Program Evaluation Max Time Frame Appeal

2024-2025 Academic Year Fall 2024 Spring 2025 Summer 2025 (circle one)

Student's Full Name A review of your file indicates you have			o vou bore	ID Number		Phone number		
Atte	mpted over se follow the Complete the	93 semeste instruction e Academic	r hours). I <mark>s below so</mark> Program Ev	that processi aluation form	ng of your financia			
Со	urse Name	Number	Section	Credit Hrs	SWTJC Degree	Transfer Degree	Remediation Required	
							_	
3)	impacted yo extenuating	ur ability to r circumsta	<mark>neet the cur</mark> nces <u>must</u> b	<mark>rent SFA Stan</mark> e included ar	dards of Academic P	c place in previous seme rogress. Documentatio iew, otherwise, your ap	n supporting the	
4)	STUDENT CONFIRMATION: I understand and agree with the certification. I agree to notify the Student Financial Aid Office at SWTJC impact any changes to the above plan or if I withdraw or stop attending any of the classes listed. I also certify that the am submitting to the Student Financial Aid Office is true and accurate to the best of my knowledge.							
	Student's Sign	nature			Date			
5)	Upload your Appeal through your Self-Service account. Incomplete paperwork will not be presented to the Appeals Committee for review. Self Service - https://colss-prod.ec.swtjc.edu/Student ACADEMIC ADVISOR CERTIFICATION I certify the courses listed are required for this student's SWTJC degree/certificate. Attached is the degree plan.							
	Academic Ad	visor Signatuı	re	Da	ate			
	FALL 2024 APPEAL DATES: August 2, 20 August 9, 20					024 at Noon		
OFF	ICE U ONLY	′ :						
Approved Rejected			$\Box A_1$	oproved □Rej	ected	□Approved □Rejected		
gnature				ature		Signature		