



STUDENT FINANCIAL AID OFFICE 2016–2017 Academic Program Evaluation

(Check one) Fall 2016 _____ Spring 2017 _____ Summer 2017 _____

Student’s Full Name ID Number Phone number

**A review of your file indicates you have failed to meet the maximum time frame standard (Attempted over 93 semester hours).
Please follow the instructions below so that processing of your financial aid can continue.**

- 1) See an academic advisor and have the advisor certify the courses you will enroll in for the term listed above that are part of an SWTJC degree/certificate or a degree plan from a transfer institution and attach a copy of the degree plan.
- 2) List the courses you intend on enrolling in for term indicated above.

Course Name	Number	Section	Credit Hrs	SWTJC Degree	Transfer Degree	Remediation Required

- 3) **Academic Advisor Certification:**
I certify the courses listed are required for this student’s SWTJC degree/certificate or transfer institution degree plan. **Attached is the degree plan.**

Academic Advisor Signature Date

- 4) **STUDENT CONFIRMATION:**
I understand and agree with the certification. I agree to notify the Student Financial Aid Office at SWTJC **immediately** of any changes to the above plan or if I withdraw or stop attending any of the classes listed. I also certify that the information I am submitting to the Student Financial Aid Office is true and accurate to the best of my knowledge.

Student’s Signature Date

FA OFFICE USE ONLY:

Approved Rejected SWTJC Official _____ Date _____

COMMENTS: _____
