



# Academic Program Evaluation

STUDENT FINANCIAL AID OFFICE

## 2019-2020 Academic Year Fall 2019      Spring 2020 (circle one)

\_\_\_\_\_  
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) Provide a clear written statement describing the circumstances that took place in previous semesters that may have impacted your ability to meet the current SFA Standards of Academic Progress. **Documentation supporting the extenuating circumstances must be included and available for review, otherwise, your appeal will be denied.** (Examples: copy of medical records, death certificate, divorce decree).

**5) 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    **COMMENTS:** \_\_\_\_\_