

Educational Plan for Appeal of 150% Maximum Timeframe

Student's Name: _____

Student's educational goal: Program Name _____ AS/AA degree Diploma
Circle one

Expected completion date: _____
Month Year

This section must be completed and signed by an academic advisor and the student.

Fall	Year _____		Spring	Year _____		Summer	Year _____	
Course Name & #		Crd. Hrs.	Course Name & #		Crd. Hrs.	Course Name & #		Crd. Hrs.
_____			_____			_____		
_____			_____			_____		
_____			_____			_____		
_____			_____			_____		

Fall	Year _____		Spring	Year _____		Summer	Year _____	
Course Name & #		Crd. Hrs.	Course Name & #		Crd. Hrs.	Course Name & #		Crd. Hrs.
_____			_____			_____		
_____			_____			_____		
_____			_____			_____		
_____			_____			_____		

Fall	Year _____		Spring	Year _____		Summer	Year _____	
Course Name & #		Crd. Hrs.	Course Name & #		Crd. Hrs.	Course Name & #		Crd. Hrs.
_____			_____			_____		
_____			_____			_____		
_____			_____			_____		
_____			_____			_____		

Advisor's Signature _____ Date _____

I certify that the information I have provided is true and accurate. According to the U.S. Department of Education, if you purposely give false or misleading information, you may be subject to a fine of up to \$20,000 or imprisonment for up to 5 years, or both. I understand that a based on appeal, a student may be approved to receive financial aid on probation until the degree or diploma is completed or one academic year, whichever is less.

Student's Signature _____ Date _____