

# Maximum or Transfer Credit Hour Appeal and/or Veteran Training Review

**Name** \_\_\_\_\_ **C Number** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

<b>FA</b>	YES	NO	Are you applying for/receiving Federal Student Financial Aid? (Pell Grant or student loans)
<b>VA</b>	YES	NO	Are you applying for/receiving any form of Veterans Educational Benefits?

**INSTRUCTIONS: Your appeal must include the following (*Incomplete forms will be denied.*)**

1. Page one of Appeal Form - to be read and completed prior to meeting with an Academic Advisor.
2. Page two of Appeal Form - to be completed during scheduled appointment with an Academic Advisor.
3. Attach a signed Restricted Enrollment letter (Degree Plan).
4. **Attach a TYPED (no handwritten statements permitted) signed, detailed personal statement explaining the following:**
  1. What are your academic goals for completing your degree or certificate at Cochise College in a timely manner and How do you plan to manage your coursework and responsibilities to achieve these goals?
  2. What is your career goal and plan for gainful employment after completion of your program at Cochise College?
  3. If you have completed or if you are close to completing the minimum hours required for your degree or certificate program, please explain why it took so long to get to this point.

**EXPECTATIONS:**

**\*I understand I will only receive federal PELL, student loans and/or Veterans Educational Benefits for approved classes listed on this form.** \*I understand my financial aid/veteran's benefits will be withheld or modified for any class schedule that does not follow this plan. **\*If the classes on this plan are not available or are canceled, it is my responsibility to meet with my advisor to complete and submit an adjusted plan or statement as required.** \*Enrolling in classes that are not listed on this plan may result in a termination of this plan, thus terminating my financial aid eligibility or veteran's benefits. **\*Receiving a grade of "D", "F", or "W" may void this contract and could result in termination of aid eligibility. If I have previously taken one of the approved courses, it may not be repaid.**

**I ACKNOWLEDGE EACH OF THESE EXPECTATIONS: INITIAL** \_\_\_\_\_

I acknowledge that it is my responsibility to be aware of all Cochise College deadlines. **I am responsible for making tuition payment arrangements in full, regardless of financial aid/veterans benefits or this appeal form.** Failure to pay my tuition and/or fees may result in my classes being dropped. I am also responsible for getting my classes reinstated.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**LIST ALL PREVIOUS COLLEGES ATTENDED AND LIST ANY DEGREES OR CERTIFICATES EARNED:**

YES	NO	Initial Here	
			<b>1. Have you ever attended any other college or university?</b> If Yes, complete No. 3 .
			<b>2. Have you ever served in any branch of the military?</b> If Yes, complete No. 3 .
			<b>3. Name of Prior College Attended and/or Prior Military Training (Ex. Joint Service Transcript)</b>
			Degree or Certificate Earned

Name \_\_\_\_\_ C Number \_\_\_\_\_

Degree or Certificate: \_\_\_\_\_ Is this a REMAP? YES or NO

1st  2nd  3rd program

EXPECTED GRADUATION DATE: \_\_\_\_\_

FA APPLICANTS ONLY: I am participating in a  75/45  90/30 transfer program \_\_\_\_\_

Name of Transfer Institution \_\_\_\_\_

SEMESTER:				SEMESTER:				SEMESTER:			
Course/ Field Prefix	Course Number/ Subject	Credits	Transfer Plan ONLY	Course/ Field Prefix	Course Number/ Subject	Credits	Transfer Plan ONLY	Course/ Field Prefix	Course Number/ Subject	Credits	Transfer Plan ONLY
			Δ				Δ				Δ
			Δ				Δ				Δ
			Δ				Δ				Δ
			Δ				Δ				Δ
			Δ				Δ				Δ
			Δ				Δ				Δ
<b>TOTAL SEMESTER HOURS:</b>				<b>TOTAL SEMESTER HOURS:</b>				<b>TOTAL SEMESTER HOURS:</b>			
SEMESTER:				SEMESTER:				SEMESTER:			
Course/ Field Prefix	Course Number/ Subject	Credits	Transfer Plan ONLY	Course/ Field Prefix	Course Number/ Subject	Credits	Transfer Plan ONLY	Course/ Field Prefix	Course Number/ Subject	Credits	Transfer Plan ONLY
			Δ				Δ				Δ
			Δ				Δ				Δ
			Δ				Δ				Δ
			Δ				Δ				Δ
			Δ				Δ				Δ
			Δ				Δ				Δ
<b>TOTAL SEMESTER HOURS:</b>				<b>TOTAL SEMESTER HOURS:</b>				<b>TOTAL SEMESTER HOURS:</b>			

TOTAL CREDITS MAPPED ABOVE \_\_\_\_\_

STUDENT NEEDS TO COMPLETE \_\_\_\_\_ more credits including the following remedial courses: (circle all that apply)

ENG 095    ENG 100    MAT 081    MAT 123    RDG 020A    RDG 122

**IOST Degree:** Student must have 9 credits of 200 level course work in any content area (See degree plan)

**AGS, AA, AS, ABUS, AGECA, B, S:** Student must have 6 credits of intensive writing in Gen Ed (See degree plan)

The completion of this form by does not guarantee that financial aid will pay for the student's registered classes and if the appeal is denied, the student will be responsible for payment of their classes.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_