

St Johns River State College
PROGRAM COMPLETION PLAN FOR FINANCIAL AID APPEAL

Student Name _____

ID# X00_____

The purpose of this form is to identify the specific courses needed for the student named above to complete the Primary and/or Secondary Program(s) of Study shown below. This form must accompany Financial Aid Appeals for "Maximum Attempted Hours Reached."

DISCLAIMER: The courses listed herein do not necessarily include requirements for articulation to the university or admission to specific programs at SJR State or other universities. This is only to identify the specific courses that may be included for financial aid eligibility.

Instructions to Student: As applicable to your academic pursuits, meet with an Academic Advisor or Workforce Advisor (SJR Staff Member) to obtain the necessary information to complete this form.

Instructions to SJR Staff Member: Complete the information below using details from the "Compliance Course/Attribute Selection Report." You may only include the specific courses needed to complete the degree or certificate program(s) identified below, and you MAY NOT include any other courses (e.g., pre-requisite courses for another college, instructor-recommend courses, etc.).

PLAN BEGINS (TERM): _____

Primary Program (Name, Code Number, & Catalog Year)

Specific courses needed, including courses currently enrolled for Term _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SJR Staff Member Name & Title (print)

Secondary Program (Name, Code Number, & Catalog Year) _____

Specific courses needed, including courses currently enrolled

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(continue on back if necessary)

Staff Member

Signature: _____ DATE: _____

STUDENT ACKNOWLEDGEMENT AND AGREEMENT: By my signature below I acknowledge that if my appeal is approved I can receive financial aid, including federal student loans, for only the course(s) and program(s) listed above. I understand that if my appeal is approved, the approval may be extended until I complete the program(s) of study shown above as long as I successfully complete 100% of the program courses each semester and maintain the required minimum cumulative GPA. I understand that if I change to a different program of study, I am required to submit another appeal with the new program of study and this new appeal is subject to approval or disapproval by the Committee. I also understand that failure to successfully complete 100% of the above courses I attempt each semester or failure to maintain the minimum cumulative GPA will result in **termination of eligibility** for financial aid at SJR State.

Student's Signature: _____ Date: _____