

**STUDENT INFORMATION** 

## 2024-2025 FINANCIAL AID PROGRAM CHANGE APPEAL

Submit this form in person or mail, electronically, or by fax: Financial Aid Office, Everett Community College, 2000 Tower Street, Everett, WA, 98201 via Document Submission Form • Fax (425) 388-9185

| First nameLast name |   |  |  |      |          |  |
|---------------------|---|--|--|------|----------|--|
|                     |   |  |  | INST | RUCTIONS |  |
| 1.                  | What is your new program? List name and type (ATA, DTA, Certificate) below.                         |  |  |      |          |  |
|                     | Example: Engineering (Computer/Electrical) - AS Degree  | 9  |  |      |          |  |
| 2.                  | If you have not done so already, update your new F www.everettcc.edu/studentforms and select "Major | =  |  |      |          |  |
| 3.                  | Aid Office will also accept an unofficial evaluation b  | s earned at all other colleges you have attended. The Financial by your program advisor. You can obtain a signed Curriculum sor to determine if any courses earned at another college will |  |      |          |  |
| 4.                  |   | ging your Major or Program will help you succeed in your ger want to complete your current degree or certificate program   |  |      |          |  |
|                     |   |  |  |      |          |  |
|                     |   |  |  |      |          |  |
|                     |   |  |  |      |          |  |
|                     |   |  |  |      |          |  |
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|                     |   |  |  |      |          |  |
|                     |   |  |  |      |          |  |
|                     |   |  |  |      |          |  |

5. Please complete the Financial Aid Graduation Plan on page 2:

## Financial Aid Graduation Plan

On the chart below, enter the year for each quarter and fill in the courses you have remaining to complete your program.

| Summer Quarter 20   | Name and Course #  | Credits                                  | Fall Quarter 20   | Name and Course #   | Credits |
|---|--|--|---|---|---------|
|   |  |  |   |   |         |
|   |  |  |   |   |         |
|   |  |  |   |   |         |
|   |  |  |   |   |         |
|   |  |  |   |   |         |
|   | Total Credits:   |  |   | Total Credits:  |         |
| Winter Quarter 20   | Name and Course #  | Credits                                  | Spring Quarter 20   | Name and Course #   | Credits |
|   |  |  | <u> </u>  |   |         |
|   |  |  |   |   |         |
|   |  |  |   |   |         |
|   |  |  |   |   |         |
|   |  |  |   |   |         |
|   | Total Credits:   |  |   | Total Credits:  |         |
| Summer Quarter 20   | Name and Course #  | Credits                                  | Fall Quarter 20   | Name and Course #   | Credits |
| Summer Quarter 20   | Name and Course #  | Credits                                  | Fail Quarter 20   | Name and Course #   | Credits |
|   |  |  |   |   |         |
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|   |  |  |   |   |         |
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|   | Total Credits:   |  |   | Total Credits:  |         |
| Winter Quarter 20   | Name and Occurs #  | Credits                                  | Spring Quarter 20   | Name and Oroma #  | Credits |
| winter Quarter 20   | Name and Course #  | Credits                                  | Spring Quarter 20   | Name and Course #   | Credits |
|   |  |  |   |   |         |
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|   |  |  |   |   |         |
|   |  |  |   |   |         |
|   | Total Credits:   |  |   | Total Credits:  |         |
|   |  |  | 1   |   |         |
| ERTIFICATION  |  |  |   |   |         |
| By signing this form, I certify the considered for financial aid, I hand successfully complete 67 understand that classes not recont the above proposed acade | must maintain Satisfactory<br>% of all attempted course<br>equired for my program ma | y Academic<br>work, and s<br>ay jeopardi | c Progress by maintaining a c<br>show progression towards m<br>ze my financial aid eligibility. | cumulative 2.0 grade point av<br>y program completion. I<br>Failure to adhere to the clas |         |
| Student Signature   |  |  | Date  |   |         |

Everett Community College does not discriminate based on, but not limited to, race, color, national origin, citizenship, ethnicity, language, culture, age, sex, gender identity or expression, sexual orientation, pregnancy or parental status, marital status, actual or perceived disability, use of service animal, economic status, military or veteran status, spirituality or religion, or genetic information in its programs, activities, or employment. Contact the following people with inquiries or complaints regarding discrimination, Title IX compliance, or Americans with Disabilities Act compliance: Equal Opportunity Director: EqualOpportunity@everettcc.edu, 425-388-9271; ADA Coordinator: ADAcoordinator@everettcc.edu, 425-388-9232; Title IX Coordinator: TitleIXCoordinator@everettcc.edu, 425-388-9271. All offices are located in Olympus Hall 111, 2000 Tower St. Everett, WA 98201. For more information, visit the Equal Opportunity and Title IX website: EverettCC.edu/EqualOpportunity