



Appeal Committee Representative Signature

## **Appeal to Change Academic Plan**

If you are currently receiving federal student aid under an approved SAP Appeal and you wish to make changes to your academic plan or have officially changed your program of study, please complete this form. You are required to provide justification for the change and may be required to submit supporting documentation for your stated circumstances. Examples of extenuating circumstances include injury or illness that impedes you from continuing in your prior career pursuits.

A. Student Info	ormation (Please Prir	nt)				
Last Name	First Name	M.I.	PCC Student ID Number	Telephone Number	_	
B. Schedule ar	n appointment with y	our Program Advisor and	d develop an Academic Planner for	your new program of study:		
Initial I need	l: Credit/Cl	lock hours to complete my r	program of study will be considered in the new PCC program of study in:		_	
Advisor/Counselo	r Printed Name	Advisor/Counselor S	ignature	Campus		
C. Appeal Que	stions					
<b>2.</b> Ho\	พ will your new POS su	upport your long-term acad	)? Note: You must have extenuating reason demic long-term goals?	ns for this change.		
D. Student Sig	nature (Required)					
Student Signature	dent Signature Date					
	the completed appeal fo mpus Student Services C		supporting documents using the MyPima F	A Document Upload tool, or <u>make an appointment</u> to		
		FINANCIA	AL AID SAP APPEAL COMMITTEE USE ONLY	(		
☐ Approved						
Comments:						

Pima Community College is an equal opportunity, affirmative action employer and educational institution committed to excellence through diversity. Upon request, reasonable accommodations will be made for individuals with disabilities. Every effort will be you may call 520-206-6688 or email <a href="mailto:ADRhelp@pima.edu.">ADRhelp@pima.edu.</a>

Date

Campus