CLOUD COUNTY COMMUNITY COLLEGE

2019-2020

Financial Aid Office • 2221 *Campus Drive* • *Concordia, KS 66901* 800-729-5101 ext 281 • Fax 785-243-1839 • finaid@cloud.edu

Academic Plan Change Request

In conjunction with your appeal for reinstatement of your federal financial aid, you were placed on an Academic Plan to make Satisfactory Academic Progress. Your Academic Plan is based off the number of hours required to complete your degree/certificate and your agreement to maintain SAP Requirements. Complete this form to request a change to your Academic Plan.

Last Name	First Name	MI

CCCC ID# or SSN

Phone number (include area code)

□ I have met with my advisor and I have made a change to my degree/certificate seeking status. I am requesting that my Academic Plan be reviewed and updated.

□ I have included a Personal Statement stating what has influenced me to change my degree/certificate.

Student Certification:

- I understand that my **Academic Plan** has been updated and only the courses required for my **declared degree or certificate** will be eligible for Financial Aid.
- At minimum, I must maintain semester 2.0 GPA and 67% CR unless otherwise specified by the SAP appeal committee.
- I understand that I must also comply with the standards otherwise set forth by the Satisfactory Academic Progress Policy.
- I agree to abide by any special conditions the committee may specify to ensure success in my higher education endeavors.
- I understand what I must do to remain eligible for Financial Aid.

By signing this form I understand the information contained within.

Student Signature: ______

Date: _____