|  |  |
| --- | --- |
| CPTC Logo | **COMPLETE AND RETURN TO:**4500 Steilacoom Blvd. SW Bldg 17, Room 130Lakewood, WA 98499-4004**School Code: 015984**253.589.5660 office 253.589.5618 faxEmail: finaid@cptc.edu |

# **STUDENT AID & SCHOLARSHIPS**

# **REQUEST FOR CREDITS APPEAL 2024-2025**

\*NOTE: Additional credits can only be requested for courses that are required for graduation. “Extra” classes above and beyond your program’s basic requirements cannot be considered.

**Student First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SSN: \_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ STU ID#: \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_**

## **Step 1: Take this form to Counseling & Advising**

* **COUNSELOR/ADVISOR:** Complete the following for this student:

|  |  |
| --- | --- |
| [ ] Verify Program Enrollment in Program Plan Tab[ ] Review current course enrollment & registration | [ ] Print Student’s Education plan for the program enrolled in[ ] Write in the General Education Courses still needed to complete program requirements in the table below |

## **Step 2: Take the packet created by the Counselor to your Technical Program Instructor**

* **PROGRAM INSTRUCTOR:**
	+ Review the student’s education plan, transcript and current schedule.
	+ List only the technical courses still needed for the student to complete the certificate or degree they are currently enrolled in.

**Step 3: Return** **the completed and signed form to the Student Aid & Scholarships Office.**

*To be completed by Counselor & Program Instructor*

## **Counselor/Program Instructor: List below only those classes still needed for the student to graduate based on the certificate or Degree program the student is enrolled in, Education Plan and transcript of courses taken.**

Program of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Certificate AAT Degree AAS-T Degree

|  |  |  |  |
| --- | --- | --- | --- |
| ***Summer 2024 only*** | ***Fall 2024 only*** | ***Winter 2025 only*** | ***Spring 2025 only*** |
| Course Number | # credits | Course Number | # credits | Course Number | # credits | Course Number | # credits |
|  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- |
|  |   |  |  |  |
| **Program Instructor Signature:**  |  **Date:** |  | **Counselor/Advisor Signature:**  **Date:**  |
|  |  |  |  |  |
| Program Instructor Name (Please Print) |  | Counselor/Advisor Name (Please Print) & **Phone Number**  |

 No Additional Technical Courses are needed. No Additional General Education Courses are needed.

*Instructor Notes*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Counselor Notes*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Clover Park Technical College and our partner WorkSource Pierce are equal opportunity employers and providers of employment and training services.  Auxiliary aids and services are available upon request to persons of disability.  WA Relay Services is available by calling 1-800-833-6384.*

## **Student Aid & Scholarships Office Use Only**

 Approved for:

 Summer 24 Fall 24 Winter 25 Spring 25

 Full Full Full Full

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 LTH LTH LTH LTH

SA&S initials \_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Request denied. SA&S initials \_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: