

Request for Approval to Complete an Additional Program of Study
at Lurleen B. Wallace Community college

Student Name _____ Student Number: _____

Current Mailing Address: _____

City: _____, State: _____ Zip: _____

Telephone Number: _____

Alabama.edu Email Address : _____

I have completed:

I have completed an Associate's Degree in _____.

I have completed a Certificate in _____.

Current GPA: _____ Hours Attempted: _____

completed: _____

I wish to complete the _____ Program.

I would like to begin attending Fall _____, Spring _____, Summer _____ term.

Please explain why you wish to complete an additional program of study and why you are not working in the field of your original degree or certificate. (attach additional sheet, if needed)

I understand that all credits attempted at LBW Community College and all transfer credits will count toward my maximum number of credit hours I can complete for my program of study. I have currently reached or will reach the maximum number of hours allowed before completing an additional degree or certificate. I am requesting additional hours so that I may obtain this degree or certificate. I have met with my advisor and have created an academic plan. I understand that if approved, I may only take the courses that are required for my additional degree or certificate and will follow my academic plan.

Student Signature

Date

Completed form, Academic Plan Form and a copy of your unofficial transcript should be turned into the Financial Aid office at least 10 days prior to the beginning of the semester you wish to enroll.

To be completed by Financial Aid Office:

of Overall Credit Hours Attempted (including transfer credits) _____

of Overall Credit Hours Completed (including transfer credits) _____

Current institutional GPA _____

of Credit hours in the new program of study _____

of Credit hours attempted not counted in the new program of study _____

of Credit hours remaining to complete the new program of study _____

Request Approved: _____ Additional Hours Approved: _____

Request Denied: _____

Financial Aid Director

Date

**LBWCC Financial Aid Appeal
Academic Plan**

Student Name: _____
 Student Number: _____
 Program of Study: _____

In order for your Financial Aid Appeal to be reviewed, you must meet with your academic advisor and create an academic plan to inform the Financial Aid Appeals Committee of how you plan to complete your degree or certificate.

Year 1 Academic year 20__ - 20__					
Fall 20__	Credits	Spring 20__	Credits	Summer 20__*	Credits
Total Credits		Total Credits		Total Credits	
Year 1 Academic year 20__ - 20__					
Fall 20__	Credits	Spring 20__	Credits	Summer 20__*	Credits
Total Credits		Total Credits		Total Credits	
Year 1 Academic year 20__ - 20__					
Fall 20__	Credits	Spring 20__	Credits	Summer 20__*	Credits
Total Credits		Total Credits		Total Credits	

*Summer Session courses are optional and may not be required for your program of study.

I have met with my advisor and I understand that I need to follow this academic plan in order to complete my degree or certificate and remain in good standing for my financial aid, to the greatest extent possible, if approved for my financial aid appeal. If I fail to follow this plan, I may lose my eligibility for financial aid.

Student Signature

Advisor Signature

Date

Date

**If another page is required to complete program, please use two forms.

Please attach a copy of your unofficial LBW transcript before submitting for review.