Wor-Wic Community College

UNUSUAL ENROLLMENT—ACADEMIC PLAN

Name ___________________________ SSN ___________________________
Financial Aid ___________________________ Date/Time ___________________________

MY GOALS

My Academic Goal:
- Associate’s Degree
- Transfer
- Bachelor’s Degree
- Certificate
- Specific Courses
- Continuing Education

My Career Goal: ___________________________

Certainty of My Goal: (1=Low; 5=High)

1 2 3 4 5

My Major: ___________________________
- I am undecided about my major at this time

Intended Transfer School: ___________________________

Intended Major After Transfer: ___________________________

My Concerns About My Ability to Complete this plan:
- Financial
- Transportation
- Work Demands
- Child Care
- Medical/Disability
- Other Concerns: ___________________________

Areas I think that I need help with: ___________________________

Catalog Year/Major I am following: ___________________________
This information can be found on the website or the college catalog.

LIST YOUR COURSES WHERE YOU HAVE EARNED A “D” OR “F” GRADE FROM ALL COLLEGES ATTENDED:

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LIST COURSES FROM WHICH YOU HAVE WITHDRAWN FROM ALL COLLEGES YOU ATTENDED:

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STUDENT REQUIREMENTS

- Every student who seeks an appeal of the termination of financial aid eligibility must meet with an academic advisor to develop an ACADEMIC PLAN FOR UNUSUAL ENROLLMENT (APSI)

- Your Appeal is not approved until the APSI is submitted to the Financial Aid Office.

- If you do not meet all the requirements of the plan, your Appeal Approval is null and void and all financial aid will be cancelled. The Financial Aid Office will monitor your courses/grades/completion each semester while you are under the terms of the plan.

- Your ACADEMIC PLAN FOR UNUSUAL ENROLLMENT (APSI) may be a multi-semester plan. You must adhere to it each and every semester. Any deviation will make this plan void.

- You are permitted to appeal only ONE time. Additional appeals will not be accepted. Be sure to meet with your advisor if you do not feel that you can meet the terms of the plan.

- Career Services 410.334.2903 BH 109
- Tutoring Services 410.334.2897 BH 109
- Transfer Services 410.572.8712 BH 109B
- Financial Aid/Scholarships 410.334.2905 BH 111
- VA Assistance 410.334.2882 BH 111C
- Counseling Services 410.334.2897 BH 109
- Disability Support Services 410.334.2897 BH 109
- Registration and Records 410.334.2907 BH 109
- Technical Assistance 410.334.2893
Financial Aid Academic Plan for Unusual Enrollment
Course Planning Worksheet

Name____________________________________ Program of Study________________________________________

Advisor’s Name____________________________ Date_______________________________

MY COURSEWORK PLAN

I have met with my academic advisor and agree to the following Academic Plan:

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Advisor Notes

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I plan to graduate in ________________________________

- I have read and understand the requirements to stay in good standing for financial aid (Satisfactory Academic Progress).
- I understand that this Academic Plan for UNUSUAL ENROLLMENT is a Contract between the WWCC Financial Aid Office and me.
- I understand that the Academic Plan for UNUSUAL ENROLLMENT will not exceed 3 semesters.
- I understand that I have been granted an appeal of my termination of eligibility for financial aid and that this is the only appeal that I will be granted.
- I understand that I must follow the above plan in its entirety in order to remain eligible for financial aid. If I need to make an adjustment, it must be completed prior to the start of the semester and within a reasonable timeframe (During the drop/add period is unacceptable).
- I understand that the Financial Aid Office will be monitoring my progress and this plan is void at any point that I do not comply with the plan.

___________________________________________________________ Date____________________________
Student Name and Signature

___________________________________________________________ Date____________________________
Advisor Name and Signature