

# Piedmont Technical College

## Degree Evaluation – Program Assessment Form

Please print the following information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID #: P \_\_\_\_\_ Current Program: \_\_\_\_\_

Reason for Appeal:

☐ complete existing degree program ☐ a degree program change

Semester/Academic Year in which student is requesting appeal:

☐ Fall ☐ Spring ☐ Summer Academic Year: \_\_\_\_\_

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### THIS SECTION TO BE COMPLETED BY YOUR ACADEMIC ADVISOR

Number of hours required for current program: \_\_\_\_\_

Subtract -- numbers of hours completed/transferred: \_\_\_\_\_

Remaining number of hours needed to complete degree: \_\_\_\_\_

Courses Needed	Credit Hours	Courses needed	Credit Hours

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

I hereby certify that I have met with my program advisor who has identified the courses that I have completed and the courses that remain to be completed in order to fulfill requirements for my current program of study. All courses **must be** completed with grades of an A, B or C.

I understand that if this appeal is approved, financial aid will **ONLY PAY** for the courses that are indicated on this form.

In addition, I understand that by signing below I understand my obligations and requirements, and that I am entering into a contract with the College to complete the above named degree and take only required courses.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

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### To be completed by Financial Aid

☐ Approved ☐ Conditional (Financial/Career Counseling required) ☐ Denied

Approving Counselor: \_\_\_\_\_ Date: \_\_\_\_\_