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: __________

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<th>Courses Needed</th>
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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: ____________________