

Shoreline Appeal for Program Change

Name	(please print)	Social Security Number	Student ID number
degre financ	e use this appeal form if you plan to cle or certificate at Shoreline. Your final aid Satisfactory Academic Progressemic Progress policy for more details.	ancial aid eligibility for funding	g could be limited based on the
Please	e check one box that applies:		
		•	
In ord	er to complete your appeal you mus	t:	
•	Submit your unofficial transcript from a Submit unofficial transcripts from a Submit an explanation of why you program of study on Section C	all other colleges attended to	your academic advisor
your c	er to determine if you have enough a credits completed from your prior deg erability to the new program, includir	gree/certificate program evalu	nated by an academic advisor for
transc	e note that in order to officially transferripts sent to Shoreline and submit a ransfer Degree Request for Transcript	equest for an official credits e	leges you must have your official evaluation by Enrollment Services - see
Sectio	on A – Program information to be cor	npleted by student	
	I do not already have a degree or ce from to	(former program	n)
	I already have a degree or certificate Degree/certificate already complete New degree/certificate program:	ed:	

Track Code SC Page 1 of 2

New intent code: _____

SID:				
l including Shoreline and attach unofficial				
credits that can be applied toward the				
ransferable credits (Advisor use only)				

Section B - Unofficial Credit Evaluation

Student Instructions: Please list all schools attended after high school including Shoreline and attach unofficial transcripts from all other schools.

Advisor/Evaluator Instructions: Please complete shaded area with all credits that can be applied toward the student's new program requirements.

Name of Prior Institution	Number of Transfer	able credits (Advisor use only)
Shoreline Community College		·
, -		
Total possible transferable credits for n	ew program:	
Expected Graduation Date: Quarter:	Year:	_
Section C – Explanation to be completed	by student	
Please explain why you wish to enroll in t	his new program:	
Student's Signature		Date
Print Academic Advisor's Name	Signature of Academic Advisor	Date
OFFICE USE ONLY	o.g.natare or readering readisor	
☐ Deferred (pending more info) ☐ Denied	☐ Approved: # of credits in new program	
	# of credits already completed	
	, ,	= Total credits approved
Notes:		
Initials: Date:		

Enrollment Services/Financial Aid • 16101 Greenwood Avenue North, Shoreline WA 98133 • Email: finaid@shoreline.edu • Fax: (206) 533-6609