

Session: 2151	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Track Code: ??	SOCIAL SECURITY NUMBER
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	MPC STUDENT'S ID NUMBER

2015-2016 Loss of Eligibility Appeal Process & Application

Use ink only.

Changes to myAcademicPlan (MAP)

_____	_____
Last Name	First Name
Explanation as to what happened to make a change in your schedule necessary:	

List of courses that you will be taking during the semester of your appeal.

- Fall 2015
- Spring 2016
- Summer 2016

Course	Units

- I am required to follow and complete the above courses during the semester specified to receive State and/or Federal Aid.
- Failure to follow or complete the courses above in the semester that is specified will lead to Loss of Eligibility without an Appeal.
- **Changes to an approved Education Plan can be made up until the 3rd Monday of the start of the semester for which your education plan begins (if Fall or Spring) and the 2nd Monday of the start of the semester for which your education plan begins (if summer).**

Student Signature _____
Date

Appeal Status: For SFS Use Only.

_____ Changes approved _____ Changes denied

Committee Member's Signature:
