



**Maximum or Transfer Credit Hour Review
and/or
Veteran Training Review Form**

The federal government requires colleges to monitor the academic progress of students receiving Federal Student Financial Aid. Students nearing their maximum credits for financial aid, or students that have transferred in more than 12 credits from another school, must submit this form for review.* The purpose is to ensure students complete academic goals prior to reaching 150% of the number of credits needed to complete their degree or certificate program. Students who have attempted more than 150% of the number of credits required to complete their degree or certificate are ineligible for financial aid funds.

PREVIOUS COLLEGES ATTENDED AND LIST ANY DEGREES OR CERTIFICATES EARNED

Have you ever attended any other college or university? Y N If yes, please complete section below.
 Have you ever served in any branch of the US military? Y N If yes, please complete section below.

Name of Prior College Attended and/or Prior Military Training (E.g. Joint Service Transcript)	Degree or Certificate Earned

** Please ensure you have submitted all of your official academic transcripts to the Cochise College Office of Admissions before completing this with an academic advisor. You may email your transcripts to eval@cochise.edu.*

Depending on the time of year, this review process may take up to four weeks for completion. While under review, students are responsible for timely payment of tuition and fees.

Semester Under Review: Spring 20____ Summer 20____ Fall 20____

Name: _____ **C#:** _____

Email: _____ **Phone:** _____

Please indicate one or both:

Are you applying for/receiving Federal Student Financial Aid (FA)? (Pell Grant or student loans) Y N
 Are you applying for/receiving any form of Veterans Educational Benefits (VA)? Y N

Name: _____ C#: _____

REVIEW FORM AGREEMENT: (please initial statements and sign below)

___ I understand that I will only receive federal PELL, student loans, and/or Veterans Educational Benefits for courses approved on my degree/certificate completion plan.

___ I understand my financial aid/veteran's benefits may be withheld or modified for any class schedule that does not follow my degree completion plan.

___ If the classes listed on my degree/certificate completion plan are not available or are canceled, it is my responsibility to meet with my academic advisor to complete and submit an adjusted plan or statement to the financial aid office as required.

___ I understand that enrolling in classes that are not listed on my degree/certificate completion plan may forfeit this review form agreement, thus terminating further financial aid eligibility or veteran's benefits.

___ I understand that receiving a grade of "D", "F", or "W" may void my degree/certificate completion plan and could result in termination of aid eligibility. If I have previously taken one of the approved courses, it may not be repaid.

___ I understand that it is my responsibility to be aware of all Cochise College deadlines. I am responsible for making tuition payment arrangements in full, regardless of financial aid/veterans benefits or this review form.

Which Degree or Certificate do you plan to pursue? _____

Have you completed a Change of Major form for your new Degree or Certificate? _____

** Please note: A Change of Major form may be submitted at any time. However, if you are currently attending courses, this change will not take place until the end of the semester (when grades post).

Signature: _____ **Date:** _____

Your appeal will be reviewed and an email will be sent to your Cochise College email regarding the outcome.

To be completed by Office of Advising

Advisor Name:

Degree or Certificate:	Is this a REMAP? YES <input type="checkbox"/> or No <input type="checkbox"/>
Expected graduation date?	
Total credits mapped:	
How many mapped credits are developmental?	

Advisor Signature: _____ Date: _____