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| CPTC Logo | **COMPLETE AND RETURN TO:**  4500 Steilacoom Blvd. SW Bldg 17, Room 130  Lakewood, WA 98499-4004  **School Code: 015984**  253.589.5660 office  Email: finaid@cptc.edu |

# **STUDENT AID & SCHOLARSHIPS**

# **REQUEST FOR CREDITS APPEAL 2025-2026**

\*NOTE: Additional credits can only be requested for courses that are required for graduation. “Extra” classes above and beyond your program’s basic requirements cannot be considered.

**Student First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SSN: \_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ STU ID#: \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_**

## **Step 1: Take this form to Counseling & Advising**

* **COUNSELOR/ADVISOR:** Complete the following for this student:

|  |  |
| --- | --- |
| Verify Program Enrollment in Program Plan Tab  Review current course enrollment & registration | Print Student’s Education plan for the program enrolled in  Write in the General Education Courses still needed to complete program requirements in the table below |

## **Step 2: Take the packet created by the Counselor to your Technical Program Instructor**

* **PROGRAM INSTRUCTOR:** 
  + Review the student’s education plan, transcript and current schedule.
  + List only the technical courses still needed for the student to complete the certificate or degree they are currently enrolled in.

**Step 3: Return** **the completed and signed form to the Student Aid & Scholarships Office.**

*To be completed by Counselor & Program Instructor*

## **Counselor/Program Instructor: List below only those classes still needed for the student to graduate based on the certificate or Degree program the student is enrolled in, Education Plan and transcript of courses taken.**

Program of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Certificate AAT Degree AAS-T Degree

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Summer 2025 only*** | | ***Fall 2025 only*** | | ***Winter 2026 only*** | | ***Spring 2026 only*** | |
| Course Number | # credits | Course Number | # credits | Course Number | # credits | Course Number | # credits |
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|  |  | |  |  |  |
| **Program Instructor Signature:** | | **Date:** |  | **Counselor/Advisor Signature:**  **Date:** | |
|  | |  |  |  |  |
| Program Instructor Name (Please Print) | | |  | Counselor/Advisor Name (Please Print) & **Phone Number** | |

No Additional Technical Courses are needed. No Additional General Education Courses are needed.

*Instructor Notes*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Counselor Notes*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clover Park Technical College does not discriminate on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal. For inquiries please contact Title IX coordinator James Neblett, Associate Vice President for Human Resources & Culture, 253-589-5533, [james.neblett@cptc.edu](mailto:james.neblett@cptc.edu); or Section 504/disability coordinator Sarah Addington, Manager of Student Disability Services, 253-589-5755, [sarah.addington@cptc.edu](mailto:sarah.addington@cptc.edu). All offices are located in Building 17, 4500 Steilacoom Blvd SW, Lakewood, WA 98499.

## **Student Aid & Scholarships Office Use Only**

Approved for:

Summer 25 Fall 25 Winter 26 Spring 26

Full Full Full Full

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LTH LTH LTH LTH

SA&S initials \_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request denied. SA&S initials \_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: