



**OWENS COMMUNITY COLLEGE
FINANCIAL AID OFFICE
STUDENT APPEAL FORM (150)**

STUDENT NAME _____ **SS#** _____

I have not completed my degree within the 9 full-time semester equivalency allowed under federal financial aid regulations for one of the following reasons listed below.

_____ **CHANGE OF MAJOR** Complete section below

Current major _____

The date you changed to your current major _____

Number of credit hours remaining to graduate _____

Expected graduation date _____

_____ **WORKING ON SECOND ASSOCIATE DEGREE** Complete section below.

Second degree attempting _____

Reason for second degree _____

Number of credit hours remaining to graduate _____

Expected graduation date _____

_____ **WORKING ON CREDIT HOURS TO TRANSFER TOWARDS A BACHELOR'S DEGREE** Complete section below.

Four year school transferring to: _____

Major _____

Number of credit hours remaining at Owens _____

Expected transfer date _____

_____ **OTHER** Please attach a statement explaining the circumstances.

Number of credit hours remaining to graduate _____

Expected graduation date _____

Student Signature

Date