



2025-26 New Degree Appeal Form

Requirements for completing the appeal process:

1. Attach a personal statement explaining your reason for pursuing a second degree at Clark State College (*i.e. entering employment in a new field, low employment possibility with prior degree*).
2. Meet with an Academic Advisor to discuss your academic goals, program of study selection, complete the Change of Information Form and obtain an Academic Plan. The Academic Plan must map out courses required to complete the new degree program. Include a copy of the Academic Plan with this appeal.
3. Submit the completed Change of Information Form to the Records Office to update your record to the new degree.

All appeals must be signed by the student and an Academic Advisor and include a complete Academic Plan.

SECTION A: Student Information

Name: _____ Student ID Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____

SECTION B: Provide a statement explaining your decision to pursue a new degree at Clark State College

SECTION C: Meet with an Advisor to review academic requirements for new program. Staff/Faculty Advisor completes the following:

Previous Degree/Graduation Term: _____ / _____

New Degree/Start Term: _____ / _____

Number of credit hours needed to complete new degree: _____

Staff/Faculty Advisor Name: _____

Signature: _____ Date: _____

SECTION D: Certification Statement

I certify that all of the information on this form and accompanying documents are true and complete to the best of my knowledge. Furthermore, I affirm that I have not knowingly or intentionally provided any false or fraudulent documentation.

I understand that if my appeal is approved:

- a. The Financial Aid Office will monitor my enrollment to verify I am registered/enrolled in required courses.
- b. I must continue to meet the completion rate and cumulative grade point average requirements of the Financial Aid Satisfactory Academic Progress policy.
- c. I will not be able to receive financial aid if I change my degree program again.
- d. If I do not meet terms of this appeal, I will not be eligible for financial aid.

Student Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

☐ **Appeal Approved** ☐ **Appeal Denied** ☐ **Appeal Pending**

FA Reviewer: _____ **Date:** _____

New Degree Program: _____ **# Credit Hours Approved:** _____

Effective Term: _____

Comments:

MAIL FORM TO:

Clark State College, Financial Aid Office
570 E. Leffel Lane, Springfield, Ohio 45505
financialaid@clarkstate.edu • 937-328-6034