

6. Please list your planned course work at EWC for current and following semester.

Current Semester _____

Following Semester _____

Dept.	Catalog #	Course Name	Credits	Dept.	Catalog #	Course Name	Credits

Advisor's Name (Print)

Advisor's Signature

STUDENT – Don't Forget

- 1. Your academic evaluation must be signed by you and your academic advisor.**
- 2. Please be advised that if your petition is approved, financial aid will only pay for courses that are needed to complete your EWC program.**
- 3. Students are allowed a maximum of one appeal for extension of time.**
- 4. If your petition is not approved, you will be responsible for paying for your tuition and fees.**

Student Signature

Date