



OUT OF PROGRAM FORM

This form is intended approval and acknowledgment that a student is seeking to partake in a course(s) that are not part of their current program of study.

Students will need to attend the appointments and attain the appropriate signatures

Date:	Student's Full Name:	Student ID#:
-------	----------------------	--------------

Step 1: Course Selection. Note: Federal Pell Grant and state HOPE regulations prohibit the college staff from awarding financial aid from these grant programs to cover tuition and fees for a class that is not a part of your program of study.

Term _____

Course Number	CRN	Course Title
Example: ENGL 1101	20365	English Composition I

Step 2: Program/Academic Advising Appointment (Optional)

Date of Appointment	Program/Academic Advisor Name	Program/Academic Advisor Signature

Note: Meeting with an advisor each term and prior to any other schedule changes is highly recommended.

Step 3: Financial Aid Counseling Appointment

Date of Appointment	Financial Aid Counselor Name	Financial Aid Counselor Signature

Step 4: Provide signature.

I understand that the course(s) requested on this form are not part of my current program of study. I acknowledge that no financial aid funds will be made available to cover any tuition and/or associated fees of the course(s). I certify that I am personally liable and responsible for the tuition and/or associated fees of the course(s).

Student's Signature _____ Date _____

For Internal Use Only

ATC Staff Validation _____ Valid Photo ID was presented

Print Name and Provide Signature

Processed By _____