Utah Valley State College
Office of Student Financial Assistance

FINANCIAL AID APPEAL
FOUR YEAR PRE-MATRICULATION REQUIREMENTS

Student Name_____ **SS#**_____

Address_____ **Phone**_____
Applicable Semester(s)_____ **Four year degree** TT BS 4AS

INSTRUCTIONS TO STUDENTS: Your Academic Advisor must complete Section I. Section II must be completed correctly by you. Please read the instructions carefully. Incomplete forms will be denied. If you have questions, be sure to ask!

SECTION I: To be completed by department academic advisor ONLY.

Step 1. Estimated date pre-matriculation and gatekeeper requirements will be completed_____.

Step 2. Estimated date graduation requirements will be completed for Bachelor Degree_____.

Step 3. Please list the required "gatekeeper" courses in the Section below.

Step 4. Please list all other courses applicable to degree that student may take while completing the "gatekeeper" courses (including upper division courses).

Gatekeeper Courses						Upper division and other courses		
Course #	Course Title	Cr/hrs	Course #	Course Title	Cr/hrs	Course #	Course Title	Cr/hrs
1 AVSC1010	Survey of Aviation Science	2	9 AVSC2160	Aviation Law	3	1		
2 AVSC1100	Ground: Private Pilot	3	10 AVSC2300	Ground: Commercial Pilot - Phase II	2	2		
3 AVSC1110	Flight: Private Pilot Certification	3	11 AVSC2310	Flight: Commercial Pilot - Phase II	3	3		
4 AVSC1220	Ground: Commercial Pilot - Phase I	1	12			4		
5 AVSC1230	Flight: Commercial Pilot - Phase I	3	13			5		
6 AVSC1240	Ground: Instrument Pilot	2	14			6		
7 AVSC1250	Flight: Instrument Pilot Rating	2	15			7		
8 AVSC2150	Air Transportation Management	3	16			8		
Total Column 1		19	**Total Column 2**		8	**Total Upper Division**		
			Grand total Gatekeeper		*25	* must complete 25 credits only.		

Comments:_____

_____

_____

I certify that this student is pursuing a Bachelor degree:

Department Advisor Signature **Date**

800 West University Parkway Orem, UT 84058 (801)863-8442 fax (801)863-8448

SECTION II: Tentative Schedule

INSTRUCTIONS: Please list <u>all</u> classes that you will tentatively register for each semester until you officially matriculate.

_____ Semester of _____

Course #	Course Title	Credits
TOTAL		

_____ Semester of _____

Course #	Course Title	Credits
TOTAL		

_____ Semester of _____

Course #	Course Title	Credits
TOTAL		

_____ Semester of _____

Course #	Course Title	Credits
TOTAL		

CERTIFICATION:
I certify that the information given in this appeal is true and accurate to the best of my knowledge. I understand if this appeal is approved, financial aid can be awarded for only the enrollment status and the semesters indicated on this appeal until I am officially matriculated into a four year program. Therefore, I know I must follow this tentative schedule as closely as possible. I am fully aware that once matriculated into a four year Bachelor program, I will only be awarded up to the maximum time frame of 192 credits.

_____ _____

Student Signature **Date**

Office Use Only ☐ **Approved** ☐ **Denied**

Enrollment Status

_____ Academic year **Fall _____ Spring _____ Summer_____** **Init. & date_____**

_____ Academic year **Fall _____ Spring _____ Summer_____** **Documented___ 348 ___ 306**

Credit Calculation_____

Comments:

premat.frm 2/00