

Max Time Frame Appeal Form

Student Name: _____ Student ID: _____

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

Telephone Number: _____ Email Address: _____

Program of Study: _____ Anticipated Graduation Date: _____

Students who have been disqualified from receiving financial aid due to exceeding the 150 % time frame may appeal that decisions by completing this form. Complete all sections of this form to appeal your financial aid ineligibility. Failure to complete all sections or to submit all documentation will result in a delay in the decision of your appeal or denial.

***Lack of knowledge of SAP Standards will not be grounds for the approval of an appeal.**

STEP 1: Your Current Academic Program Information

Degree Objective: Associate Degree Certificate Diploma

Name of Program	Catalog Year	Total Credit Hours Required for the Degree	Total Credit Hours Earned Toward Degree	Total Credit Hours Remaining to Earn Degree	Number of Classes Remaining to Complete Degree

Please submit a copy of your Program Evaluation

STEP 2: Reasons for Not Meeting Satisfactory Academic Progress Standards

*(Indicate the extenuating circumstances which have caused you to exceed the Maximum Time Frame for you program of study. Examples include: illness, injury, change of program of study etc. Specify start and ending dates of the extenuating circumstances. Attach additional pages if needed. **Include documentation which supports your circumstances.**)*

STEP 3: Explanation of Steps for Future Success

(Describe the steps you have taken to address the above circumstances which will ensure your ability to follow the timetable of remaining coursework for program completion listed in Step 4. Attach additional pages if needed.)

STEP 4: Educational Plan- Timetable of Remaining Coursework for Program Completion

(All students submitting a Maximum Time Frame Appeal must also complete and submit the information below, indicating all remaining required courses in your academic program. Any extension of financial aid eligibility will be limited to only those courses which are required to complete your academic plan/degree.)

Fall 20_____	Spring 20_____	Summer 20_____
<u>Course Name and Number</u>	<u>Course Name and Number</u>	<u>Course Name and Number</u>

Warning: According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to \$20,000 or imprisonment for up to 5 years, or both.

STEP 5: Student Statement and Signature

- ❖ I understand that I am requesting an appeal for continued financial aid eligibility. The timetable outline above is for the **required coursework** for completion of my current program of study only. I understand any deviation from the above may result in me being disqualified from receiving any further financial aid.
- ❖ **I understand that decisions on appeals are processed on a case-by-case basis. If approved, I will be expected to complete 100% of the courses for which I register, receiving only A,B, or C grades(no D's, F,s, I's, WF's, or W's)**
- ❖ I have attached a copy of my Program Evaluation indicating the courses, I have taken and courses needed to graduate.

Student Signature _____ **Date** _____

FOR OFFICE USE ONLY

Name of Program: _____ Total Attempted Hours: _____ Total Earned Hours: _____

Completion Rate: _____ GPA: _____ # Of previous appeals approved _____

- Student submitted a copy of his/her program evaluation.
- Student submitted a copy of his/her educational plan.
- Student submitted the necessary documentation.
- Student completed the appeal in entirety.

- Denial recommended due to insufficient documentation.
- Denial recommended due to completion rate.
- Denial recommended due to grade point average.
- Denial recommended other.
- Recommended to approve.

COMMENTS: _____

Reviewer's Signature: _____

FA committee agrees with reviewer: _____

ADDITIONAL COMMENTS: _____
