



## Office of Financial Aid

### Maximum Time Frame Completion Plan Appeal

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Current Major: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Are you currently on any Unsatisfactory Academic Appeal for financial Aid? Yes or No

You have exceeded the maximum number of credits allowable under federal regulation to obtain your associate's degree. Please meet with an academic advisor to determine what classes are required to take to finish your program and have them complete the section below.

**PART 1: To be completed by an academic advisor.**

Course Name & Number	# of credits	Intended registration semester
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total number of credits needed for completion: \_\_\_\_\_

**Academic Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Part 2: To be Completed by student. Provide a brief narrative of the circumstances that have kept you from completing your program within the allotted time frame.**

By signing this form I understand, **if approved**, that I can only register and receive financial aid for the courses needed for completing my program that are listed on this form. I also understand that I must complete **ALL** courses with a grade of "C" or better. Registering for courses not listed above or receiving a grade below a C, Incomplete, W, NA, or XA will result in the loss of financial aid.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FA USE ONLY:**

**Reviewed By:** \_\_\_\_\_ **Approved** \_\_\_\_\_ **Denied** \_\_\_\_\_ **Date** \_\_\_\_\_

**Notes:** \_\_\_\_\_