

# **Maximum Time Frame Appeal**

(Graduation Plan)

**Financial Aid Office** 

1042 West Hamlet Avenue Post Office Box 1189, Hamlet, NC 28345 (910) 410-1726 Fax (910) 582-7102

Serving Richmond and Scotland Counties

| Student Name:                                | Student ID:   |  |  |
|--|---|--|--|
| Telephone Number                             | Email Address   |  |  |
| appeal that decision by completing this form | receiving financial aid due to exceeding the 150% Maximum Time Frame may<br>m. Complete all sections of this form to appeal your financial aid ineligibility.<br>t all documentation will result in a delay in the decision of your appeal or |  |  |
| *Lack of knowledge of the SAP Standards w    | will not be grounds for the approval of an appeal.  |  |  |
| STEP 1: Your Current Academic Program In     | formation   |  |  |

| Degree Objective:                              | ☐ Associate Degree   |  | $\Box$ Certificate $\Box$ L |  | Diploma                |    |  |
|--|----------------------|--|-----------------------------|--|------------------------|----|--|
| Name of Program                                |                      |  |                             |  | Catalog Year           |    |  |
| Number of Classes Remaining to Complete Degree |                      |  |                             | •  | pected Graduation Date |    |  |
| Total Credit Hours Required for the Degree     |                      |  |                             | FYI-You can find all this information on your Program<br>Evaluation. |                        |    |  |
| Total Credit Hours                             | Earned Toward Degree |  | Tota                        | Credit Hours Remain  | ing to Earn Degre      | ee |  |

(Please submit a copy of your Program Evaluation. You can access your Program Evaluation through your Self-Service account.)

**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 your program examples include: Illness, injury, change of program of study etc. Specify start and ending dates of the extenuating circumstance. Attach additional pages if needed. **Include documentation which supports your circumstance.**)

## **STEP 3: EXPLANATION OF STEPS FOR FUTURE SUCCESS**

(Describe the steps you have taken to address the above circumstance(s) – 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        | Year   |            | Spring     | Year   |            | Summer     | Year   |            |
|-------------|--------|------------|------------|--------|------------|------------|--------|------------|
| Course Nan  | ne & # | Cred. Hrs. | Course Nai | me & # | Cred. Hrs. | Course Nam | ne & # | Cred. Hrs. |
|             |        |            |            |        |            |            |        |            |
| Fall        | Year   |            | Spring     | Year   |            | Summer     | Year   |            |
| Course Nan  | ne & # | Cred. Hrs. | Course Na  | me & # | Cred. Hrs. | Course Nam | ne & # | Cred. Hrs. |
|             |        |            |            |        |            |            |        |            |
| Fall        | Year   |            | Spring     | Year   |            | Summer     | Year   |            |
| Course Nan  | ne & # | Cred. Hrs. | Course Na  | me & # | Cred. Hrs. | Course Nam | ne & # | Cred. Hrs. |
|             |        |            |            |        |            |            |        |            |
| Advisor Sig |        |            |            |        |            | Date       |        |            |

### **STEP 5: Student Statement and Signature**

- I understand I am requesting an appeal for continued financial aid eligibility. The timetable outlined 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 my 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, or W's).
- I have attached a copy of my Program Evaluation indicating the courses I have taken and the courses needed to graduate.

### Student Signature:\_\_\_\_\_

Date\_\_\_\_

Appeal Deadlines: This completed form, typed statement and supporting documentation should be submitted as soon as possible after Satisfactory Academic Progress emails are received. Classes will not be held if appeals are submitted or approved on or after the payment deadline. If you did not pay for your classes out of pocket and a payment deadline passes, your classes may drop for non-payment. You will be responsible for re-registering for available classes.

Incomplete appeals will be returned without review.