



Email: [financialaid@richmondcc.edu](mailto:financialaid@richmondcc.edu)

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

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

[illegible]

**STEP 2: 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 that are required to complete your academic plan/degree.)

Semester 1: _____	Semester 2: _____	Semester 3: _____
Course: _____ Hrs: _____	Course: _____ Hrs: _____	Course: _____ Hrs: _____
Course: _____ Hrs: _____	Course: _____ Hrs: _____	Course: _____ Hrs: _____
Course: _____ Hrs: _____	Course: _____ Hrs: _____	Course: _____ Hrs: _____
Course: _____ Hrs: _____	Course: _____ Hrs: _____	Course: _____ Hrs: _____

Semester 4: _____	Semester 5: _____	Semester 6: _____
Course: _____ Hrs: _____	Course: _____ Hrs: _____	Course: _____ Hrs: _____
Course: _____ Hrs: _____	Course: _____ Hrs: _____	Course: _____ Hrs: _____
Course: _____ Hrs: _____	Course: _____ Hrs: _____	Course: _____ Hrs: _____
Course: _____ Hrs: _____	Course: _____ Hrs: _____	Course: _____ Hrs: _____

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Certification Statement**

- 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 (no 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 \_\_\_\_\_

Office Use Only

Total Attempted Hours: \_\_\_\_\_ Total Completed Hours: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Decision remarks:

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Signature of FA Representative

Date