

Serving Richmond and Scotland Counties

Financial Aid Office

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2025-2026 Maximum Time Frame Appeal

Student Name: _____ Student ID: _____

Telephone Number:	Email Address:
may appeal the decision by comple	ed from receiving financial aid due to exceeding the 150% Maximum Time Frame eting this form. Failure to complete all sections or to submit all documentation will cessed. Appeals should be submitted as soon as possible.
*Lack of knowledge of the SAP S	Standards will not be grounds for the approval of an appeal.
You can acces	Please submit a copy of your Program Evaluation. s your Program Evaluation through your Self-Service account.)
STEP 1: REASONS FOR NOT NOT NOT STEPS FOR FUTURE SUCCESS the Maximum time frame for your Specify the start and end dates or	MEETING SATISFACTORY ACADEMIC PROGRESS STANDARDS AND S. (Indicate the extenuating circumstances that have caused you to exceed program. Examples include illness, injury, change of program of study, etc. of the extenuating circumstance. Also, describe the steps you have taken to (s). Attach additional pages if needed. Include documentation that supports

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:	
 further financi I understand expected to co 	al aid. that decisions omplete 100% ed a copy of m	om the above may res on appeals are proce of the courses for which y Program Evaluation	essed on a cas ch I register (no	e-by-case basis. If a F's, I's, or W's).	approved, I will be	
Student Signature			Date			
		Office L	lse Only			
tal Attempted Hours: To cision remarks:		Total Completed Hour	tal Completed Hours: C		umulative GPA:	