



## *Serving Richmond and Scotland Counties*

**Financial Aid Office**  
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## **2026-2027 Maximum Time Frame Appeal**

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

**Telephone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Students who have been disqualified from receiving financial aid due to exceeding the 150% Maximum Time Frame may appeal the decision by completing this form. Failure to complete all sections or to submit all documentation will result in your appeal not being processed. Appeals should be submitted as soon as possible.

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

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

**STEP 1: REASONS FOR NOT MEETING SATISFACTORY ACADEMIC PROGRESS STANDARDS AND STEPS FOR FUTURE SUCCESS.** (Indicate the extenuating circumstances that have caused you to exceed the Maximum time frame for your program. Examples include illness, injury, change of program of study, etc. Specify the start and end dates of the extenuating circumstance. Also, describe the steps you have taken to address the above circumstances. Attach additional pages if needed. Include documentation that supports your circumstance.)

**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