

**FINANCIAL AID****MAXIMUM TIME FRAME POLICY**

The student must complete all course requirements within 150% of the required number of credit hours for their particular degree program. For example, a student in a degree program that requires 60 credit hours to complete may take up to 90 credit hours to complete that degree. This provision allows for remedial credit hours if the student needs and for possible repeated courses to maintain the appropriate degree requirements.

**Please print this document and complete it with a wet ink signature. The completed document can be submitted in person, through email, fax, or mail. Our contact information is at the bottom of the page.**

**Section A: Student Information**

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

**Section B: APPEAL PROCEDURE**

A student who has not or will not complete the required courses towards their degree within the 150% of their program may submit an appeal. Based on special circumstances such as a change of major or other circumstances such as serious illness, death, accident, or serious illness of an immediate family member, or other documented extenuating circumstances an appeal may be approved. Please note the appeal is not automatically approved, and the evaluation of an appeal will be sent to the student in the mail.

**\*Please complete only one of the two options that are listed below:**

**OPTION ONE (CHANGE OF MAJOR)**

\*Verify that your major is correct with Records Office prior to submitting this appeal.

Current major: \_\_\_\_\_

Previous: \_\_\_\_\_

Reason for major change: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_**LIST COURSES NEEDED TO COMPLETE MAJOR**\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OPTION TWO (EXTENUATING CIRCUMSTANCES)** In the space provided below please indicate the circumstances which prevented you from completing your program in the required time frame, and attach any supporting documents.

Student signature:

Date:

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\*Total number of hours needed: per Registrar’s Office:

Approved: Denied: Financial Aid Office:

Grand Total of Allowable Hours: