

MAXIMUM TIMEFRAME APPEAL FORM

XXX-XX-

Student Name	Student ID#	Social Security Number	Program or Major
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I am requesting Financial Aid for (select one): Fall or Spring or Summer Year: _____

Instructions: According to Satisfactory Academic Progress guidelines, you are on financial aid suspension. **You may appeal by completing and returning this form with an "Academic Plan Restricted Course List"(RCL), evaluated program check sheets or degree progress report, all academic transcripts and a typed letter* to the Financial Aid Office.** Incomplete forms will be rejected. You understand by submitting this form any enrollment within the Maricopa County Community College District may be used for determining the outcome of this appeal. Notification of the committee's decision will be delivered to your Student Center. Please allow at least 15 business days (may take longer during peak processing periods). Submission of this appeal does not guarantee approval and reinstatement of financial aid eligibility. All Committee decisions are final.

***Your typed appeal letter must include the following: a detailed explanation as to why you have earned more credits than your degree/certificate program requires, why you have changed your program of study, why you are requesting to change the current Academic Plan (RCL) on file, or, if you already have a degree, why you are taking additional coursework.**

Students may request to have their timeframe extended under the following circumstances: (check all that apply)

- Program of study has changed from _____ to _____
- I have attempted 150% or more of the credits required for my degree/certificate.
- I am changing the current "Approved" Academic Plan (RCL) on file.
- I have transferred hours that do not apply to my program of study.
- I have earned a Bachelor's Degree (or higher) and am pursuing another Degree or Certificate.
- I must take specific coursework in order to **enroll** in an eligible program (students requesting an extension under this requirement must be taking classes that are a prerequisite for admission to the program. Students meeting this Preparatory Course Work requirement are not grant eligible and may only be considered for loans during one consecutive 12 month period).

Certification and Signature

I understand that if this appeal is approved, I will be placed on probation. Only approved courses on my restricted course list (RCL) will be considered for federal financial aid. If I choose to take classes that have not been approved, I will not receive financial aid for those classes and delay of awarding and/or disbursements may occur. Additionally, I will only be funded for approved courses one time.

I have read and understand the Satisfactory Academic Progress Policy.

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years. I authorize the use of this information and any supporting documentation for all MCCC institutions.

Student's Signature (electronic signature NOT accepted)	Date

For Office Use Only- To Be Completed by the College

Date _____ Committee initials: _____ Effective: Fall/ _____ Spring/ _____ Sum/ _____

Approved #Cr. attempt _____ #Cr. earned _____ CGPA _____

Disapproved

Approved with Stipulations: _____

