

# 2025-2026 Satisfactory Academic Progress Appeal

## Maximum Time Frame (150 %)

1. Students who wish to appeal the loss of their financial aid eligibility due to the Maximum Time Frame (150 %) rule **ONLY** should complete this form. The completed form should be delivered by the student to the financial aid department.

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

Please provide a thorough explanation of the circumstances that led to you exceeding the allowable hours for financial aid below. Your explanation needs to be specific. Additional pages can be attached, if needed:

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By signing this form, I certify that all information is complete and correct.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## 2. List the courses required to complete your program of study:

You **must** meet with your academic advisor before turning this form in to the financial aid department.

### SEMESTER:

CLASS	CREDITS

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Student needs a total of \_\_\_\_\_ credits to complete their program.

By signing this form, I certify that I have met with the student and advised them on the final courses required for program completion and graduation.

**Academic Advisors Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Financial Aid Office use only:	
<input type="checkbox"/> I approve this student to be placed on <input type="checkbox"/> SAP probation <input type="checkbox"/> Academic Plan for      Fall ____ Spring ____ Summer ____	<input type="checkbox"/> I do not approve this student to be placed on SAP probation or an academic plan. Comment:
Signature: _____	Date: _____