

# Maximum Timeframe Appeal Form

XXX-XX-

<b>Student Name</b>	<b>Student ID#</b>	<b>Social Security Number</b>	<b>Program or Major</b>
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**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.

**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).

**Student Statement**

In order to be considered for federal financial aid, you must provide 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, requesting to change the current RCL on file, or, if you already have a degree, why you are taking additional coursework.

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**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.

<b>Student’s Signature (electronic signature NOT accepted)</b>	<b>Date</b>

**For Official 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:** \_\_\_\_\_

# Academic Plan Restricted Course List

	XXX-XX-		
Student Name	Student ID#	Social Security Number	Program or Major

I am requesting Financial Aid for **CREDIT** (select one):  Fall  Spring  Summer or for **CLOCK** (select):

**INSTRUCTIONS:** Students enrolled in a credit or clock hour program must also fill out the first page of the appeal form, meet with an Academic Advisor and list the courses needed to complete the indicated program. List courses in progress only if they are required for the indicated program. Attach copies of ALL unofficial academic transcripts which have not been evaluated and an evaluated GWC or university program check sheets, or degree progress report for program indicated above. When completing this form, please be complete and accurate.

**NEEDED or IN PROGRESS:** Only these courses may be used to maintain and /or reinstate Financial Aid eligibility.

Course #	Credits/Hours	Financial Aid Notes	Course #	Credits/Hours

**BE AWARE** Your signature below acknowledges that you have READ and UNDERSTAND the following restrictions: APPROVED prior to the end of the affected term. You will not be funded for courses other than those listed and ADDITIONAL, SUBSTITUTED or REPEATED credit hour classes will NOT be funded UNLESS an ADDENDUM is FILED approved on this form. If you receive funds for classes other than those listed and approved on this form, your award may be reduced or cancelled, and/or you may be Suspended from any further Financial Aid. Only these courses may be used to maintain and/or reinstate Financial Aid eligibility.

Student's Signature	Date	GWC Academic Advisor Signature	Date



Chandler-Gilbert Community College • Estrella Mountain Community College • Gateway Community College  
 • Glendale Community College • Maricopa Skill Center • Mesa Community College • Paradise Valley Community College  
 • Phoenix College • Rio Salado College • Scottsdale Community College • South Mountain Community College