



Maximum Timeframe Appeal Form

Last Name	First Name	MI	Social Security # XXX-XX-	Student ID Number	Program of Study

I am requesting Financial Aid for (select one): Fall or Spring or Summer Year: _____

According to Satisfactory Academic Progress guidelines, you are on financial aid suspension. You may appeal by completing this form with an "Academic Plan Restricted Course List "(RCL), evaluated program check sheets or degree progress report, and all unofficial academic transcripts, 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). All Committee decisions are final.**

Students may request to have their timeframe extended under the following circumstances:

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).

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, 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.

Student's Signature	Date

THIS SECTION – OFFICE USE ONLY

Approved Approved with Stipulations:

Denied Reason denied:

Date reviewed by Committee: _____ Committee initials: _____



Academic Plan Restricted Course List

Last Name	First Name	MI	Social Security # XXX-XX-	Student ID Number	Program of Study

I am requesting Financial Aid for: Fall or Spring or Summer Year: _____

INSTRUCTIONS: Meet with a GCC Academic Advisor and list 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 GCC or University program check sheet, or degree progress report for the Program of Study indicated above.** When completing this form, please be thorough and accurate.

NEEDED or IN PROGRESS: Only these courses may be used to maintain and/or reinstate Federal financial aid eligibility.

Advising Notes	Course #	Credits	Financial Aid Notes

TOTAL HOURS TO BE COMPLETED _____

BE AWARE:

Your signature below acknowledges that you have **READ** and **UNDERSTAND** the following restrictions: **ADDITIONAL, SUBSTITUTED** or **REPEATED** classes will **NOT BE FUNDED** UNLESS an **ADDENDUM** is submitted and **APPROVED** prior to the end of the affected term. You will not be funded for courses other than those listed and 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 _____ GCC Academic Advisor Signature _____ Date

