

Financial Aid Maximum Time Frame Appeal



Student Name _____ Student or STAR ID _____

Email Address _____ Phone Number _____

NOTE: Please provide a valid email address. You will be notified the results of your appeal electronically.

RETURN BY MAIL

South Central College
Financial Aid Office
1920 Lee Boulevard
North Mankato, MN 56003

RETURN BY EMAIL

financialaid@southcentral.edu

RETURN BY FAX

(507) 389-7419

RETURN BY DROP OFF

The Welcome Center (North Mankato Campus)
The Student Affairs Center (Faribault Campus)

You have been denied financial aid funding due to reaching Maximum Time Frame. Maximum Time Frame is reached once a student has attempted the number of credits that is equal to 150% of the published credit length of the program on record. For example, if your program is 60 credits, you would reach maximum time frame once you've attempted 90 credits ($60 \times 150\% = 90$).

If you wish to appeal the Maximum Time Frame financial aid suspension, please follow the checklist below:

- ☐ Complete the Academic Plan of Study section of this form with your advisor.
- ☐ Attach documentation explaining the factors that kept you from completing your program and what you will change to allow you to complete your program.
- ☐ If you previously graduated, or had a break in enrollment at SCC, and are now returning, please indicate the circumstances requiring your return to school to pursue another program of study.

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PLAN OF STUDY



By completing this form you agree to follow the curriculum outlined below by you and your advisor. Only courses identified on this Plan will be considered in the review of financial aid eligibility. If you need to change your Plan, complete a new Academic Plan of Study with your advisor. If you are unable to meet with your advisor, you may submit the form without the advisor signature to be reviewed by academic advisors remotely.

Student Name _____ Student or STAR ID _____

Program _____ Graduation Date _____

I understand that it is my responsibility to provide any and all supportive documents and information necessary to substantiate this request. I also understand if my remaining period of study covers two school years, I need to complete a new Financial Aid Maximum Time Frame Appeal for the second school year.

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

Fall Semester of 20____

Course	Credits
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL Credits for this Semester _____

Spring Semester of 20____

Course	Credits
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL Credits for this Semester _____

Summer Semester of 20____

Course	Credits
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL Credits for this Semester _____