

**Financial Aid Maximum Time Frame Appeal  
2020-2021**

Student Name: \_\_\_\_\_ Student or STAR ID \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please provide a valid email address as you will be notified the results of your appeal electronically.**

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.
- Include a copy of your current DARS report.

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 MTF Appeal for the second school year.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**ALL DECISIONS ARE FINAL**

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**OFFICE USE ONLY**

Action Taken:

- Petition Approved Through \_\_\_\_\_
- Petition Approved conditionally. See comments below.
- Petition Denied. You are not eligible for any further aid.
- No Decision. Additional information needed. See comments below:

Comments:



**Financial Aid Maximum Time Frame Appeal 2020-2021  
Academic 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.

Student Name: \_\_\_\_\_ Student or STAR ID: \_\_\_\_\_

Program: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fall Term of 20____	
Course	Credits
Total credits for this term: _____	

Spring Term of 20____	
Course	Credits
Total credits for this term: _____	

Summer Term of 20____	
Course	Credits
Total credits for this term: _____	

Return by mail to: South Central College  
Financial Aid Office  
1920 Lee Boulevard  
North Mankato, MN 56003

OR

Drop off at the Welcome Center