

Student Name: _____ Tech ID or SSN: _____

Address: _____
City, State and Zip Code

E-mail Address: _____

Circle Campus: Detroit Lakes Fergus Falls Online Moorhead Wadena

In order to be eligible for financial aid, a student must meet the college satisfactory academic progress standard related to maximum time frame for completing a program. Your cumulative attempted credits (includes M State registered credits and transfer credits) have reached or are nearing the threshold of 150 percent of the number of credits required for your program. **In order to become eligible for financial aid consideration, you must successfully appeal for an extension of time. You must use this form along with an Academic Plan for that purpose.**

The degree/certificate program that I am pursuing at M State is _____

I will be attending _____ additional semesters and need _____ more credits to complete that program and graduate _____.
MO/YR

Use the space below to explain why your total attempted credits exceeds the number of credits required for your program by a large margin. (An example may be that you have successfully completed a degree and are pursuing another.) **You must also meet with your advisor and complete the attached Academic Plan and submit it with this form.**

Student Signature: _____ Date: _____

Please return both completed pages to your campus financial aid office.

Financial Aid Office Use Only

FA Officer Signature: _____ Date of review: _____

Approved: _____ Term(s) Approved for: 20183 20185 20191 Denied: _____

Comments:



Academic Plan

Please make an appointment to meet with your Advisor for his/her input and signature

Student _____	Date _____
SSN or Tech ID _____	E-mail Address _____
Program _____	Expected Grad Date _____

****This student has met with me and we have developed this plan for academic success. In order to improve his/her grade point average and/or percentage of completed credits and/or timely completion, we have agreed on the following goals. **This only includes required courses to complete program.****

Semester	Academic Schedule (List schedule of courses by semester needed to complete program)

Student Signature

**Advisor Signature

_____ Financial Aid Director Signature	_____ Date
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