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**2019-2020**

**Maximum Time Frame**

**Satisfactory Academic Progress**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 that I am pursuing at M State is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will be attending \_\_\_\_\_ additional semesters and need \_\_\_\_\_ more credits to complete that program and graduate (month/year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.*)

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**You must also meet with your advisor and complete the attached *Academic Plan* and submit it along with this form. 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: □ 20203 □20205 □ 20213 **Denied** : \_\_\_\_\_\_\_\_\_\_

Comments:

**Academic Plan**

**Please make an appointment to meet with your Advisor for his/her input and signature. *Forms will not be processed without advisors signature.***

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tech ID \_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Grad Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Semester(s)**  Ex: Fall 2019 | **Academic Schedule (List schedule of courses by each semester needed to complete program)** |
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|  |  |
|  |  |

\*\*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**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature \*\*Advisor Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Aid Director Signature Date**

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