



## Maximum Time Frame Satisfactory Academic Progress

Complete this form, and submit for review and approval to your advisor.

**Student Name:**

**Tech ID or SSN:**

**Address:**

City, State and Zip Code

**E-mail Address:**

**Circle Campus:** Detroit Lakes Fergus Falls Online Moorhead Wadena

**Academic Year**

**Semester(s)**  Fall  Spring  Summer

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

Please select the appropriate explanation as to why you are over the maximum amount of credits for your degree plan.

- Prior degree obtained. **Prior degree major:**
- Change in major. **Prior degree major:**
- Other; **explain:**

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 Year \_\_\_\_\_  Fall  Spring  Summer  **Denied:** \_\_\_\_\_

Financial Aid 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 _____ |

\*\*Below is my course plan for academic success. In order to improve grade point average and/or percentage of completed credits and/or timely completion, the below goals have been decided upon.

**This only includes required courses to complete program.**

| Academic Year & Semester | Academic Schedule (List schedule of courses by semester needed to complete program) |
|--------------------------|---|
|                          |   |
|                          |   |
|                          |   |
|                          |   |
|                          |   |

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

\_\_\_\_\_  
\*\*Advisor Signature

|   |               |
|---|---------------|
| _____<br>Financial Aid Director Signature | _____<br>Date |
|---|---------------|