



## 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

_____ Financial Aid Director Signature	_____ Date
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