

**2020-2021**

**Maximum Time Frame**

**Satisfactory Academic Progress**

**Complete this form, and submit both pages for review. If you need assistance in completing your academic plan, you can meet with your academic advisor prior to complete.**

**Student Name**: **Tech ID or SSN**:

**Address**: City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_

**E-mail Address**:

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

**Semester(s)** [x]  Fall 2020[ ]  Spring 2021 [ ] Summer 2021

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 on MO/YR: .

A new Maximum Time Frame Appeal form will be required for every Academic Year that you plan on attending to complete your current degree. An academic year is from August 2020 – July 2021.

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**

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.

\*\*Students who need assistance on the academic plan can meet with an academic advisor prior to form completion.

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

|  |  |
| --- | --- |
| **Academic Year & Semester** | **Academic Schedule (List schedule of courses by semester needed to complete program)** |
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 Student Signature \*\*Advisor Signature

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**Associate Financial Aid Director Signature Date**

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