

**2021-2022**

**Maximum Time Frame**

**Satisfactory Academic Progress**

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

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

**Address**:

 City, State and Zip Code

**E-mail Address**:

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

**Semester(s)** [ ]  Fall 2021[ ]  Spring 2022 [ ] Summer 2022

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

A new Maximum Time Frame Appeal form will be required for every Academic Year that you plan on attending to complete your current degree.

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. Academic advisor signature required if met with advisor.

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

|  |  |
| --- | --- |
| **Academic Year & Semester** | **Academic Schedule (List schedule of courses by semester needed to complete program). The academic year is from August 2021 to July 2022** |
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 Student Signature \*\*Advisor Signature

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**Financial Aid Director Signature Date**

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