



OFFICE OF FINANCIAL AID

Maximum Time Frame Appeal Application

Students who have reached the maximum time frame for financial aid at Laredo College, which is either enrollment in 90 units or exceeding the maximum allowable time for a certificate or degree program, and as a result have exceeded 150% of the published program length according to LC's Satisfactory Academic Progress Policy (SAP), are eligible to submit an appeal. Appeals may take up to 4 to 6 weeks for review. You are encouraged to submit your appeal as soon as possible, but no later than the deadline listed above to guarantee review. After the official reporting day (Census Date) no appeals will be accepted.

STUDENT INFORMATION

Name: _____

Palomino ID: P _____

E-mail: _____

Phone Number: _____

INSTRUCTIONS

This form must be filled out completely and turned in along with any supporting documentation to the Office of Financial Aid via email at Ernestina.perez@laredo.edu or

- Ft. McIntosh – Lerma-Pena Building, Rm143
- One Stop Shop the South Campus - Billy Hall Student Center, A109.

1. Deadlines to submit appeals will be the end of the business day on the following dates:

Fall 2023	Wintermester / Spring 2024	Maymester / Summer I 2024	Summer II 2024
September 5, 2023	January 31, 2024	June 10, 2024	July 15, 2024

2. Students are required to provide a **typed statement describing the circumstance(s)** that indicate the extenuating circumstances that have caused you to exceed the Maximum Time frame for your educational goal. Students must include the following:
 - a. **What has prevented you from completing your degree within the maximum time frame?**
 - b. **What academic program do you plan on completing at LC?**
 - c. **What is your long term academic and career goals and how will you achieve them?**
3. Students are required to meet with an Academic Advisor and request a signed **Academic Evaluation** along with this appeal. (*This must be completed by an Academic Advisor*). Additionally, students must provide a **copy of their audit of LC DegreeWorks**, which is also provided by the Academic Advisor.
4. **All decisions made by the Maximum Time Frame Appeal Committee are final.** After final decisions are made, the student will be contacted via LC PASPort email and/or a phone call at the student phone number listed.

By signing below, I acknowledge my understanding of the requirements of the conditions above.

Student Signature: _____

Date: _____

APPEAL TYPE

Select one (1) of the following:

- ☐ **New Appeal:** I am submitting a Maximum Time Frame Appeal for the first time for my current degree program.
- ☐ **Renew Appeal:** As a renewal application for my present degree program, I am submitting a Maximum Time Frame Appeal for the second time.

REASON FOR APPEAL

Students may request to have their timeframe extended under the following circumstances:
(check all that apply)

- ☐ Program of study has changed from _____ to _____
- ☐ Exceeded 150% of the unit requirement of my declared
- ☐ Exceeded 90 attempted hours more (including transfer and / or military)
- ☐ Educational goal/major. Earned an Associate Degree and/or Certificate of _____
- ☐ For Health Science Students - If you are admitted to and actively enrolled in a fixed health program, **please attach a copy of your acceptance letter and the course curriculum.**

ACADEMIC EVALUATION

Your academic advisor must fill out the following degree plan or courses that are LEFT for you to complete. **(This is a requirement and must be submitted with the appeal. An appeal that is submitted without this documentation will be denied.)**

- ☐ Expected to graduate: _____
- ☐ Degree/Major: _____
- ☐ Degree: Total Hours completed: _____
- ☐ Total Hours remaining in degree plan for student to graduate: _____
- ☐ How many more **Semesters** (including summer) are needed to graduate? _____

Course # and Name	Semester Intended	Course # and Name	Semester Intended

Academic Advisor Certification and Signature

By signing below, I certify that the information provided on this form is accurate to the best of my knowledge and that the student referenced above is required to complete the courses listed on this form for completion of his/her degree program. I understand that the courses listed must be in the student's degree audit as a required course for the student to be eligible to receive financial aid.

Advisor's Name: _____

Phone: _____

Advisor's Signature: _____

Date of completion: _____

STUDENT CERTIFICATION

Maximum Time Frame is the total hours financial assistance will cover for a degree or certificate. Students must finish their program of study within 150% of the specified duration to graduate on time. Maximum Time Frame is the total hours financial assistance will cover for a degree or certificate.

Please read and initial the statements below:

_____ I understand that appeals may take a minimum of 4 to 6 weeks to be processed from the time the appeal is submitted to the time a decision is reached.

_____ I am aware that submitting an appeal does not ensure approval. I am aware that funds for financial aid will not be accessible by the **payment due date**. While the appeal is being reviewed or in the event that my appeal is denied, I must prepare alternative financial sources for my education.

_____ I understand I must have a completed financial aid application on file with all at the Office of Financial Aid. This means that any required documents must be turned in otherwise my appeal application will not be reviewed.

_____ For the purposes of financial aid, students are allowed to receive financial aid up to 150% of their degree requirements. For example, a degree that requires 60 college credit hours can only access financial funds for up to 150% of the time needed to complete that program (60 credit hours to complete degree X 150% = 90 credit hours that qualify for financial aid).

_____ I understand I must enroll **only** for courses in my degree plan or in developmental or preparatory courses required for my current program of study.

_____ ***I understand that if eligible for Pell Grant, I am limited by federal law to a lifetime maximum Pell Grant of six full-time years (600%). Once 600% is reached, I will be ineligible for Pell Grant. This will override any extensions/decisions made through this appeal. There is no Appeal process if 600% is reached.***

_____ I understand that if I do not meet the conditions of my approved appeal and the conditions of my Academic Plan, I will **no longer be eligible** for federal student aid. I must meet the Laredo College Financial Aid Satisfactory Academic Progress Policy by completing the 67% completion rate and maintaining a cumulative **GPA of 2.0 or higher**.

_____ I must maintain a 100% completion rate for each semester of approval.

_____ I understand the Maximum Time Frame appeal procedure. To the best of my knowledge, my Maximum Time Frame Appeal contains correct and verifiable material and supporting evidence. I understand that incomplete forms will result in email denials.

OFFICE OF THE FINANCIAL AID USE ONLY

Received by: _____

Received Date: _____

☐ Approved ☐ Denied ☐ Pending

Effective: Fall 20____ Spring 20____ Summer I 20____ Summer II 20____

Financial Aid Director Signature: _____

Additional Information Requested/Comments:

☐ Get to the Finish Line Grant
