



Financial Aid
141 College Drive, Albemarle, NC 28001
Tel: (704) 991-0302 Fax: (704) 991-0160
financialaid@stanly.edu

Maximum Timeframe Appeal Request Form

Name: _____

Student ID #: _____

Daytime Phone: _____

E-mail: _____

*Federal regulations require that students receiving financial aid must complete their active program of study before reaching the Maximum Timeframe. Maximum Timeframe is defined as when a student has attempted more than 1.5 times the amount of credit hours needed to complete their current program of study. The Maximum Timeframe calculation includes **all** curriculum credit hours attempted at Stanly Community College including accepted transfer credit hours. Developmental class credit hours are excluded from the Maximum Timeframe determination.*

Maximum Timeframe appeals are considered if the student *has* already completed a Pell eligible certificate, diploma or degree at Stanly Community College **OR** *has* less than 12 credit hours left to complete a current Pell eligible certificate, diploma or degree at Stanly Community College.

*Please Complete Section A **OR** Section B:*

Section A)

I completed a _____ [certificate, diploma or degree] at Stanly Community College
(Program of Study) (circle one)

On _____
(date of completion)

Section B)

I will be completing a [certificate, diploma or degree] in _____, _____
(circle one) (semester) (year)

Indicate the following: Current Program of Study: _____

Number of classes remaining: _____

Important

- ❖ Incomplete appeals will be denied.
- ❖ All appeal requests must be received within 10 business days following receipt of the letter indicating the loss of financial aid eligibility **OR** before the start of the next semester enrolled. The Dean of Financial Aid Management will consider the appeal and the decision will be final.
- ❖ Failure to meet the appeal request deadline requires the student to self-pay to insure that current registration is not deleted.
- ❖ Appeal approvals are granted for future semesters only.

By signing this form I certify that I understand the SCC Satisfactory Academic Progress Policy for Financial Aid Recipients. I also understand that I am not guaranteed appeal approval and am responsible to pay all outstanding charges.

Signature

Date