



Financial Aid  
 141 College Drive, Albemarle, NC 28001  
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 financialaid@stanly.edu

## Maximum Timeframe Appeal Request Form

Name: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_

Student ID #: \_\_\_\_\_  
 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 Director, Financial Aid & Student Access 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