



**STUDENT INSTRUCTIONS:**

This appeal is required for students who have exceeded the 150% time frame allowed by federal regulations to complete degree requirements. The appeal has three parts: Section I and III are to be completed by the student; Section II is to be completed by the student's academic advisor/counselor. The appeal must be signed by the student once completed signifying acceptance of the plan as outlined. **Note: A completed Financial Aid Progress Report form must be included with all appeals turned in after the established appeal deadline.**

**SECTION I: Completed by the STUDENT**

Name: \_\_\_\_\_ FRC ID #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

1. Are you requesting federal financial aid to complete a **first** degree/certificate at FRC?      No       Yes   
If yes, what is the degree/certificate you are now seeking? \_\_\_\_\_
2. **In the box below**, please provide a detailed explanation of the reason(s) that have caused you to exceed the 150% maximum time frame allowed at FRC? An example might be that you completed (x) number of 'dual enrollment' courses while in high school.
  
  
  
  
  
  
  
  
  
  
3. Are you requesting federal financial aid to complete an **additional** degree/certificate at FRC?      No       Yes   
If yes, what is the degree/certificate you are now seeking? \_\_\_\_\_
4. **In the box below**, please provide a detailed explanation why you are seeking an additional degree/certificate?
  
  
  
  
  
  
  
  
  
  
5. What is your anticipated date of graduation? \_\_\_\_\_



**SECTION II: Completed by an Academic Advisor/Counselor with student**

Coursework needed to complete degree requirements.

I have met with the student and reviewed their degree requirements. The student has \_\_\_\_\_ credit hours toward the degree stated in Section I, #1 or #3 and needs \_\_\_\_\_ additional credit hours. The courses are listed as follows by the semester they are to be taken. (If more than one year is required to complete requirements, a new appeal will be required each academic year.) Any changes to the courses listed below **MUST** be approved by an advisor/counselor. The Financial Aid Office must be notified, in writing, of **any** changes that are made.

Fall Semester: _____ Year			Spring Semester: _____ Year			Summer Semester: _____ Year		
Subject	Course	Cr. Hrs.	Subject	Course	Cr. Hrs.	Subject	Course	Cr. Hrs.

**ONLY THESE COURSES MAY BE USED TO MAINTAIN AND/OR REINSTATE FINANCIAL AID ELIGIBILITY.**

- 6. Meet with your academic advisor/counselor to update your Student Education Plan (SEP). Attach a copy of your updated SEP. The advisor/counselor **must sign below.**

\_\_\_\_\_  
Academic Advisor/Counselor's Printed Name

\_\_\_\_\_  
Academic Advisor/Counselor's Signature

\_\_\_\_\_  
Date

**This form must be turned in to the Financial Aid Office by the academic advisor/counselor, not the student.**

**SECTION III: Students Certification**

Your signature below acknowledges that you have read and understand the following restrictions: You **WILL NOT** be funded for courses other than those listed and approved on this form. If you receive funds for classes other than those listed on this form, your award may be reduced or cancelled (may result in you owing money back), and/or you may be disqualified from any further Financial Aid. **Additionally, you must complete all courses with a minimum 2.0 grade requirement ("C" or better). Failure to meet these requirements is a breach of contract which will result in financial aid disqualification without the possibility of further appeals.**

**This worksheet must be signed and dated to be valid. Electronic and/or digital signatures are not valid**

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date