



FINANCIAL AID

MAXIMUM CREDIT APPEAL FORM

Instructions to student:

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, Sections I and III are to be completed by the student; Section II is to be completed by the student's academic counselor. The appeal must be signed by the student once completed signifying acceptance of the plan as outlined.

Section I: To be completed by the student.

1. Name: _____ EAC ID#: _____

Mailing Address: _____
Street and/or Box #

City	State	Zip
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Telephone#: () _____ Email: _____

2. Are you requesting federal financial aid to complete a **first** degree/certificate at EAC? No Yes

If yes, what is the degree/certificate you are now seeking? _____

What is your anticipated date of graduation? _____ Catalog year? _____

Please explain the issues that have caused you to exceed the maximum time frame allowed to complete your first degree/certificate at EAC? An example might be that you completed x number of GIFT courses while in high school. (If more space is needed please attach an additional page).

3. Are you requesting federal financial aid to complete an **additional** degree/certificate at EAC? No Yes

If yes, what is the degree/certificate you are now seeking? _____

What is your anticipated date of graduation? _____ Catalog year? _____

Explain why you are seeking an additional degree/certificate? (If more space is needed attach an additional page).

Section II: To be completed by academic/faculty advisor with student.

Coursework needed to complete degree requirements.

I have met with the student and reviewed his/her degree requirements. The student has _____ credit hours toward the degree stated in Section I: #2 or #3: and needs _____ additional credit hours including those listed below. 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.)**

Fall Semester _____
 Year

Spring Semester _____
 Year

Summer Semester _____
 Year

Subject	Course	Cr Hrs

Subject	Course	Cr Hrs

Subject	Course	Cr Hrs

Comments: _____

 Academic Advisor's Printed Name

 Academic Advisor's Signature

 Department

 Date

Section III: Students Certification.

I agree to take **ONLY** the courses required to complete my degree requirements as outlined by my academic/faculty advisor. Additionally, I will complete all courses with a minimum 2.0 grade requirement with the exception of nursing which requires a 3.0. I understand that failure to meet these requirements is a breach of contract which will result in financial aid suspension without possibility of further appeals.

 Student's Printed Name

 Student's Signature

 Date

Note: This form must be turned in to the financial aid office by the academic advisor, not the student.