



Financial Aid Office
615 N Stadium Avenue
Thatcher, Arizona 85552
928-428-8287 fax # 928-428-2391
Gila Hank Financial Aid Drop Box

FINANCIAL AID

MAXIMUM CREDIT APPEAL FORM 2018-2019

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 must be signed by the student, signifying acceptance of the plan as outlined. Return completed form to the EAC Financial Aid Office.

Section I: Student Information.

1. Name: _____ EAC ID#: _____

Mailing Address: _____
Street and/or Box #

City State Zip

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 seeking? _____

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.

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 seeking? _____

Please explain why you are seeking an additional degree/certificate? An example might be that you completed x number of GIFT courses while in high school.

4. What is your anticipated date of graduation? _____

5. Have you declared the degree you are currently seeking on your Gila Hank? No Yes If **no**, you must do so before submitting this appeal. To do this, go to: <https://gilahank.eac.edu/GilaHank/SignIn>. (You are able to update your major on the first screen.)

Section II: Courses Required in Order to Complete Degree Requirements.

I have attached my degree audit from the Gila Hank web site at: <https://gilahank.eac.edu/GilaHank/SignIn>. (Click on “View completion details for my major” under your Declared major.) Based on this degree audit, I will enroll for the following required courses:

Fall 2018 Semester

Spring 2019 Semester

Summer 2019 Semester

Course	Title	# of credits

Course	Title	# of credits

Course	Title	# of credits

Total Credits: _____

Total Credits: _____

Total Credits: _____

Notes: _____

Section III: Students Certification.

I agree to take **only** the courses required to complete my degree requirements as outlined on my appeal approval notification letter. 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