



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, 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: To be 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 explain the issues that have caused you to exceed the maximum time frame allowed to complete your first degree/certificate 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

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

In the **box below**, please explain why you are seeking an additional degree/certificate?

5. What is your anticipated date of graduation? _____



Section II: To be completed by academic advisor/counselor 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, #1 or #2 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 must be approved by and advisor/counselor. Financial aid 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.

Academic Advisor/Counselor's Printed Name

Academic Advisor/Counselor's Signature

Date

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.**

Student's Printed Name

Student's Signature

Date

PLEASE NOTE: THIS WORKSHEET MUST BE SIGNED AND DATED TO BE VALID. ELECTRONIC AND/OR DIGITAL SIGNATURES ARE NOT VALID

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