

MAXIMUM CREDIT APPEAL FORM

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.

SECTION I: Completed by the STUDENT

Name: _____ MPC ID #: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Email: _____

1. What is the degree/certificate you are now seeking? _____
2. **In the box below**, please provide a detailed explanation of the issue(s) that have caused you to exceed the 150% maximum time frame allowed at MPC? Example: Accident or injury to the student, illness to the student that is **not chronic**, death in the immediate family, or a one time life altering event to the student.
3. Must provide proper third party supporting documentation such as court orders, police report, death certificate, or a statement from a physician.
4. What is your anticipated date of graduation or transfer date? _____

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SECTION II: Completed by an 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. The courses are listed as follows are to be taken for what the student needs to take to complete, transfer or graduate. 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. No Changes Allowed.

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. **Additionally, you must complete all courses with a minimum 2.0 grade requirement ("C" or better) and two thirds pace progression. 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