

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.

| Name: | | MPC ID #: | | | | | | | |
|-------|--|-----------------------------|---------------------------|-----------------------------|--|--|--|--|--|
| Add | ddress: | City: | State: | Zip: | | | | | |
| Tele | elephone #: | Email: | | | | | | | |
| 1. | • What is the degree/certificate you are | now seeking? | | | | | | | |
| 2. | <u>In the box below</u> , 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 no chronic , death in the immediate family, or a one time life altering event to the student. | | | | | | | | |
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| 3. | • Must provide proper third party support a statement from a physician. | rting documentation such as | s court orders, police re | port, death certificate, or | | | | | |
| 4. | • What is your anticipated date of gradua | ation or transfer date? | | | | | | | |

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| SECTION | II: Complet | ed by an Ao | eademic Advis | sor/Counselor v | with student | | | | |
|---|---|---|--|---|--|--|------------------|-------------|--|
| Coursewor | k needed to co | omplete degr | ee requiremen | ts. | | | | | |
| degree state transfer or g Aid Office | ed in Section I graduate. Any <u>must</u> be notifi | . The course changes to ed, in writin | es are listed as the courses lis g, of <i>any</i> chan | legree requirem follows are to be ted below MUS ges that are made | be taken for work to take the approve the approve the taken to the taken for which the taken for whic | what the student ed by an advisor ges Allowed. | needs to take to | complete, | |
| COUNSELORS: Please attach Ed-plan from Fall Semester: Spring | | | | | | Summer Semester: | | | |
| Year Year | | | Spring Se | Spring Semester: | | | | | |
| Subject | Course | Cr. Hrs. | Subject | Course | Cr. Hrs. | Subject | Course | Cr. Hrs. | |
| | | 1115. | | | 1115. | | | 1115. | |
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| ONLY | THESE COU | RSES MAY I | BE USED TO N | MAINTAIN AND | OR REINSTA | ATE FINANCIA | L AID ELIGIBI | LITY. | |
| | | | | | | | | | |
| | | | | | Academic Advisor/Counselor's Signature | | | | |
| Academic Advisor/Counselor's Printed Name | | | | Academic A | Advisor/Counsel |] | Date | | |
| SECTION | III: Student | s Certificat | ion | | | | | | |
| | | | | read and unders | | | | | |
| with a min | imum 2.0 gra nts is a breac | ade require | ment ("C" or | better) and two | thirds pace | progression. F | 'ailure to meet | these | |
| | | | | | | | | | |
| Student's Printed Name | | | Student's Si | gnature | | | | | |

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