

Maximum Time Frame Appeal

Revised: 2/26/20

Student Name: \_\_\_\_\_ NSHE ID: \_\_\_\_\_

Before submitting this form, please review the University's Satisfactory Academic Progress policy at <https://www.unr.edu/financial-aid/satisfactory-academic-progress>

## SECTION 1: INSTRUCTIONS

Students who have reached their Maximum Time Frame must submit this form in order to be considered for financial aid thereafter. Maximum Time Frame Appeals may only be evaluated **ONE** (1) major/degree program and, if a minor is required by the major/degree program, **ONE** (1) minor.

If approved, your expected graduation term outlined in your attached plan of study will not be extended.

## SECTION 2: APPEAL TYPE

Select one (1) of the following:

<input type="checkbox"/>	New Appeal: I am submitting a Maximum Time Frame Appeal for the first time for my current degree program.
<input type="checkbox"/>	Updated Plan of Study: I am submitting an updated Maximum Time Frame Appeal that reflects changes to my originally approved Plan of Study. I understand that my originally-approved graduation term will not be extended.
<input type="checkbox"/>	Denied Appeal: My previously approved Maximum Time Frame Appeal was denied due to non-compliance with the terms of my approval.
<input type="checkbox"/>	Additional Required Documentation: You must provide a <u>signed written statement</u> that explains why you did not comply with the terms of your appeal approval <b>AND</b> <u>supporting documentation</u> to verify your statement.

## SECTION 3: STUDENT CERTIFICATION

I have read and understand the University's Satisfactory Academic Progress policy (available online at <https://www.unr.edu/financial-aid/satisfactory-academic-progress>) as well as all information on this form. I certify that the information I have provided is accurate and complete. I understand that an incomplete request will not be processed. I have attached all appropriate documentation and I understand that my appeal will be evaluated based on that documentation. Any false information may be cause for denial, reduction, and/or immediate repayment of all aid.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY

Date: \_\_\_\_\_

Notes: \_\_\_\_\_

Approved  Pending  Denied

CONTACT US Phone: 775-784-4666 Fax: 775-784-1025 E-mail: [sap@unr.edu](mailto:sap@unr.edu) Location: 3rd Floor, Fitzgerald Student Services Bldg

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**SECTION 4: PLAN OF STUDY**

Complete this section with your academic advisor - one (1) major/degree program and one (1) required minor only.

Major/Program Name: \_\_\_\_\_

Required Minor (if applicable): \_\_\_\_\_

Expected Graduation Term: \_\_\_\_\_

<u>Term #1</u> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer   Year:	<u>Term #2</u> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer   Year:
Course 1: _____ Credits: _____	Course 1: _____ Credits: _____
Course 2: _____ Credits: _____	Course 2: Cse 2: _____ Credits: _____
Course 3: _____ Credits: _____	Course 3: _____ Credits: _____
Course 4: _____ Credits: _____	
Course 5: _____ Credits: _____	
Course 6: _____ Credits: _____	