

Student Information

Student's Last Name	Student's First Name	Student's M.I.	Student's SWOCC Student ID#
Student's Street Address (include apt. no.)			Student's SWOCC Email Address
City	State	Zip Code	Student's Telephone # (include area code)

Students who have been disqualified from receiving financial aid due to exceeding the 150% time frame may appeal that decision by completing and submitting this form.

The maximum time frame in which to complete a degree is 150% of the published length of the program. A student may request a "recalculation" of the maximum time frame component in the following scenarios:

- 1) a change in the program of study; 2) attempting multiple programs; or**
3) has successfully completed a program and is returning to pursue another program.

If deemed appropriate, the recalculation would include only the credit hours that are applicable to a student's current program of study. In case of multiple degrees, each program would be calculated separately to only include the credit hours that are applicable to each program.

A student may only request the recalculation twice in their academic careers at SWOCC. A review of the student's remaining eligibility and the ability to complete will be taken into consideration for students completing multiple programs. The student must be meeting the GPA and completion rate requirements for a recalculation to be approved.

Current Academic Program Information

Degree Objective: ☐ Associate Degree ☐ Certificate ☐ Diploma

Name of Program			
Number of classes remaining to complete degree		Expected graduation date	
Total credit hours required for degree			
Total credit hours earned toward degree		Total credit hours remaining to earn degree	

Request for Recalculation Reason:

☐ **Change of Major**

New Program: _____

Reason for Change:

☐ **Double Major**

Programs: _____

☐ **Already completed a program**

Completed Program: _____

New Program: _____

Explanation on why a new program of study is necessary:

Educational Plan – Timetable for Remaining Coursework for Program Completion

All students submitting a Maximum Time Frame Recalculation Request must also complete and submit the information below, indicating all remaining required courses in your academic program. Any extension of financial aid eligibility will be limited to only those courses required to complete your academic plan/degree.

Please record the classes you intend to take (Educational Plan) for the next four terms or until your expected graduation date.

NAME:		STUDENT ID:		MAJOR:		CATALOG YEAR:	
First Year Summer 2025	Credits	First Year Fall 2025	Credits	First Year Winter 2026	Credits	First Year Spring 2026	Credits
Second Year Summer 2026	Credits	Second Year Fall 2026	Credits	Second Year Winter 2027	Credits	Second Year Spring 2027	Credits
Third Year Summer 2027	Credits	Third Year Fall 2027	Credits	Third Year Winter 2028	Credits	Third Year Spring 2028	Credits
Fourth Year Summer		Fourth Year Fall		Fourth Year Winter		Fourth Year Spring	

This completed form, statement and supporting documentation should be submitted as soon as possible after Satisfactory Academic Progress emails are received. Classes will not be held if appeals are submitted or approved on or after the payment deadline. If you did not pay for your classes out of pocket and a payment deadline passes, your classes may drop for non-payment. You will be responsible for re-registering for available classes.

You will also be responsible for any bills incurred for courses that do not drop automatically for non-payment if your appeal is denied even if you choose not to attend classes.

Incomplete appeals will not be reviewed.

Statement of Understanding

By initialing each item below, you are indicating that you understand and agree to abide by the following conditions of the appeal if approved:

_____ I must achieve a semester Grade Point Average of 2.0 for each term of approval.

_____ I must maintain a 100% completion rate for each term of approval.

_____ I understand that I will only receive financial aid for the number of courses and/or terms approved.

_____ If my appeal is approved, I will meet with an Advisor to develop an academic plan.

_____ If I receive financial aid funds for classes other than those listed and approved on this form, my award may be reduced or cancelled, and/or I may be suspended from any additional financial aid. Only the courses listed on my academic plan may be used to maintain and/or reinstate my financial aid eligibility.

A physical signature is required on this document. Digital signatures will not be accepted and may result in the request being denied. By signing this form, you are certifying that all information and supporting documentation provided is factual and complete. This also acknowledges that you understand and accept the above terms regarding both approved and denied financial aid appeals.

Student signature:	Date:
---------------------------	--------------

Warning: If you purposely give false or misleading information, you may be subject to a fine of up to \$20,000 or imprisonment for up to five years or both according to the U.S. Department of Education.