



**SATISFACTORY ACADEMIC PROGRESS (SAP)
MAXIMUM TIME FRAME APPEAL FORM**

APPEAL TERM/SEMESTER: _____

**SAP Appeals relate solely to Financial Aid.
If you are under “Academic Suspension” you must submit an ACADEMIC Appeal through the Registrar’s Office prior to submitting a SAP Appeal for Financial Aid.**

COMPLETE ALL ITEMS BELOW (PLEASE PRINT) – DO NOT LEAVE BLANK	
Last Name:	First Name:
ID Number:	Phone Number:
Email Address:	

INSTRUCTIONS

Maximum Time Frame violations occur when you have accumulated too many attempted credit hours without completing your declared program of study. The violation is not determined by the amount of time you have spent working on your degree or number of semesters you have attended. The Standards of Academic Progress Policy ensures that any student who receives or applies for federal financial aid is making progress toward an Ohio Department of Higher Education (ODHE) approved degree or certificate. To maintain eligibility for federal financial aid, you must complete the ODHE approved degree or certificate within the required number of credit hours (as listed in the college catalog for the associated degree or certificate) multiplied by 150%. The specific number of attempted hours is determined by the Financial Aid Office and includes accepted transfer credit hours.

To continue with your SAP Appeal submission, you must complete the following steps:

- Your SAP Appeal should be submitted by the last day to register for classes in the term in which you are applying for continued federal financial aid.
- You must attach a written statement explaining why your degree was not completed within the allowable time frame. Supporting Documentation is recommended and may be requested.

THE ACADEMIC PLAN ON THE BACK OF THIS FORM MUST BE COMPLETED AND SIGNED BY AN ACADEMIC ADVISOR

By signing this worksheet, I certify that all the information reported to qualify for federal student aid is complete and correct.

Student Signature:	Date:
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SAP – MAXIMUM TIME FRAME APPEAL ACADEMIC PLAN

Student must attach their written statement with this signed academic plan completed by the division Dean, Department Chair, or Advisor.

IMPORTANT: If this appeal and academic plan is approved, students must complete *all* attempted hours successfully (no withdrawals and no failing grades) to stay in compliance with the maximum time eligibility.

Student Name:	ID Number:
Degree/Certificate:	

Course outline of ALL required classes to complete the above degree.

PREREQUISITE(S):							
Subject	Number	Course Title	Cr Hrs	Subject	Number	Course Title	Cr Hrs

REQUIRED ELECTIVE(S):							
	<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">←</div> <div>Number of Elective Credit Hours Required (Student can select from the courses listed below.)</div> </div>						
Subject	Number	Course Title	Cr Hrs	Subject	Number	Course Title	Cr Hrs

REQUIRED TECHNICAL CLASSES FOR GRADUATION IN DEGREE PROGRAM							
(Please attach additional courses if needed.)							
Subject	Number	Course Title	Cr Hrs	Subject	Number	Course Title	Cr Hrs

MAXIMUM HOURS NEEDED FOR COMPLETION OF DEGREE:	Total Hours
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Additional Comments:

(REQUIRED) Signature of the Dean, Dept Chair, or Advisor

Please Print Name

Date

FOR OFFICE USE ONLY

