

SATISFACTORY ACADEMIC PROGRESS (SAP) MAXIMUM TIME FRAME APPEAL FORM

This form is for students who have exceeded the Maximum Time Frame component of the Satisfactory Academic Progress Policy due to either of the following:

- Pursuing a first degree but are beyond 150% of the required credit hours for degree completion
- Pursuing a second degree (Undergraduate or Graduate)

According to your academic record, you have either previously earned a degree from Virginia Commonwealth University (VCU) or you have exceeded the amount of credits required for your program. Federal regulations state that the Maximum Time Frame a student has to complete a program cannot exceed 150% of the program's published length.

In order for the Financial Aid Office to consider you for additional financial assistance, both you and your Academic Advisor must complete this form. We will review all information provided and will notify you in writing of our decision. If your appeal is approved, aid will be awarded only for the remaining credits required for the completion of your degree. If we determine that you have other progress issues (credit deficiency and/or low GPA), we will notify you after we review your Maximum Time Frame Appeal.

SECTION A: STUDENT INFORMATION

Name: _____ VID: _____

Permanent Address: _____
Street City State Zip

Telephone Number: _____ Term the Appeal is for: _____

1. Current Major: _____
2. Did you change your major while attending VCU?
 - a) No _____
 - b) Yes _____ When: _____
3. Are you pursuing a second degree from VCU?
 - a) No _____
 - b) Yes _____ What is your 1st Degree? (ex. BA or BS) _____



4. Did you transfer credits from another university?
a) No _____
b) Yes _____ Number of credits transferred _____
5. What is your expected date of graduation? _____
6. Please attach a typed explanation why you require additional time to complete your primary degree or for earning a second degree.
7. Please Provide a Print out of your Degree Works and/or Student Service Collaborative (SCC)

SECTION B: ACADEMIC ADVISOR CONFIRMATION

Your Academic Advisor must complete this section before being submitted to the Office of Financial Aid.

Number of credits remaining to complete his/her degree: _____

Anticipated date of graduation: _____

Additional Comments from Advisor/Dean/Executive Director of Graduate Enrollment Management:

Section C: SIGNATURES

Academic Advisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

