Financial Aid

Appeal to Exceed the Maximum Timeframe
(Maximum Time Frame for Satisfactory Academic Progress)

________________________________________  ______________________________________  _____________________________
name (please print)                      student ID number                       social security number

Shoreline CC E-mail address: ________________________________

You are currently not eligible or you have only limited eligibility for financial aid because records indicate that you will soon, or have already attempted the maximum number of credits allowed: **125% of the credits required for your program of study.** Regulations limit the number of credits you may attempt (register for) and receive financial aid. In addition to credits that transfer from other colleges to your Shoreline program, all credits for which you have registered at Shoreline are counted in the total, including: audits, withdrawals, repeats, and courses for which you received these grades: incomplete (I), 0.0, V, N, or Z, F, H, NC, W.

If you believe that unusual circumstances prevented you from completing your program, even though you have attempted the maximum number of credits, you may submit this appeal for continued eligibility. You must answer all the questions yourself. **Appeals are considered only for required classes.** You and your academic advisor must complete the Academic Plan on the other side. On the Academic Plan be sure to:

a) indicate the courses **required** to finish your degree program at Shoreline; and

b) have your academic advisor print name and sign the Plan of Study form.

You may attach additional pages if necessary. If you have any questions, please contact our office.

* **Note:** You are responsible for making certain that **ALL** of your remaining required courses are included on your petition. You are allowed to file a maximum timeframe petition only **ONE** time. Use your program’s planning guide and consult with your advisor to ensure you understand your program’s completion requirements.

1. **Explain why you have not been able to complete your program within the credits you have attempted:**

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

2. **Quarter and year you will finish your program at Shoreline:** ________________________________

3. **Complete the Academic Plan on the back of this form with your academic advisor’s name and signature.**

4. **Sign and date below:**

   __________________________________________  ___________________________  
   Student signature                               Date

   *(over for the Academic Plan)*

   →
Academic Plan for the Appeal to Exceed the Maximum Time Frame

To appeal for continued aid eligibility, list below only the classes required to complete your program of study. You need your academic advisor’s name and signature. Be sure to complete all items below.

________________________________________________________________________________________________________________________________________________________

1. Name of your program at Shoreline: ____________________________
2. Number of remaining credits required to complete the program: ____________________________
3. Quarter & Year you will complete the program at Shoreline with the classes below: ____________________________
4. Courses required for you to complete the program at Shoreline (enter the year on the line each quarter):

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Name and Course #</th>
<th>Credits</th>
<th>Name and Course #</th>
<th>Credits</th>
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<td>Summer 201</td>
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</tbody>
</table>

Total Credits: ____________________________________________ Total Credits: ____________________________________________

______________________________________________________________________________________________________________________________________________

Student’s signature ____________________________ date: ____________________________

Print Academic Advisor’s name ____________________________

Academic Advisor’s signature ____________________________ date: ____________________________

OFFICE USE ONLY  □ Deferred ______(pending more information) □ Denied □ Approved through ____________________________ as below:

__________________________________________ date: ____________________________