

Shoreline Appeal to Exceed Maximum Time Frame

Name (<i>pl</i>	ease print)	Social Security Number	ctcLink ID Number
Satisfacto the pace maximun ta progra becomes	ory Academic Progress (SAP) the of progress toward a degree. In timeframe for the degree prom. Federal regulations also sta	nat must not only consider the gr n particular, the student must be ogram. The maximum timeframe ate that a student becomes inelig complete a degree program with	s to have policies in place to measure ades earned by the student, but also e on track to graduate within the is 150% of the normal timeframe for gible for financial aid whenever it nout exceeding the maximum time-
allowed, Shoreline courses fo N (audit), you from may subr Appeals a	150% of the credits required, for and/or transferred to Shorel or which you received the follow, NC (no credit), V (fail), Z (hare completing your program, even it this appeal for continued example considered for required continued continued to the considered for required continued continued to the considered for required continued to the cont	for your program of study. All creine are counted in the total, including grades: 0.0 (fail), H (in program) and believe an though you have attempted the ligibility.	•
		 On the Academic Plan you mus d to finish your program at Shore 	
1.	number; and	a to mish your program at shore	inic, include course frame and
2.	Have your academic advisor	sign the form	
You are al with your	lowed to file a maximum timefra	me petition only one time. Use you	ed courses are included on your petition. Ir program's planning guide and consult ion requirements. You may attach
•	ain why you have not been ak mpted credits.	ole to complete your program wi	ithin the initial time period and

Financial Aid Services | 16101 Greenwood Avenue North, Shoreline WA 98133 | Email: financialaid@shoreline.edu | Fax: (206) 533-6609

Updated 03/18/2022 Page 1 of 2

Name (please print)		Social Security Number		er ctcLink ID Number	ctcLink ID Number			
	Quarter and year you will finish your program at Shoreline: Complete the Academic Plan below with your academic advisor. Your Academic Plan must be reviewed and approved by your advisor.							
	appeal for continued aid eligibility, list beludy. You need your academic advisor's name	•	-	• •	. •			
1.	Name of your program at Shoreline (do not leave blank):							
2.	. Number of remaining credits required to complete your program per Advisor:							
3.	Quarter and year you will complete the program at Shoreline:							
4.	List below all the courses required to con	ၫplete your	program at	Shoreline as approved by Adviso	or:			
S	ummer 202 Name and Course Number	Credits	Fall 202	Name and Course Number	Credits			
T	otal Credits:		Total Crea	lits:				
V	Vinter 202 Name and Course Number	Credits	Spring 202	2 Name and Course Number	Credits			
T	otal Credits:		Total Crea	lits:				
	Student's Signature	_		Date				
	Academic Advisor's Name and Signature	<u> </u>		Date				
OF	FICE USE ONLY Deferred(pending more inform	nation) \square D	Denied □ A	pproved through as b	elow:			
Init	ials	Date:						

Financial Aid Services | 16101 Greenwood Avenue North, Shoreline WA 98133 | Email: financialaid@shoreline.edu | Fax: (206) 533-6609

Shoreline Community College provides equal opportunity in education and employment and does not allow discrimination or harassment on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal.

Updated 03/18/2022

Page 2 of 2