



Financial Aid Request for Extension of Max Hours

Name: _____ CWID: _____

Instructions for Preparing Appeal:

1. In a **TYPED and SIGNED** letter:
 - a. Explain the rare, extenuating circumstances that caused you to exceed 150% of the published length of your program.
 - b. Include the steps you have taken or will take, personally and academically, to prevent any future circumstances from allowing you to complete within the requested extension of hours.
2. **DOCUMENTATION is required for all appeals**, and the documentation should support the explanation in the typed and signed letter. For example, medical or other legal documents, counselors, attorneys, doctors, or other objective persons who are knowledgeable about your circumstances.
3. **CONFIRMATION PAGE** showing completion of the SAP Counseling, "The Key Components to the Satisfactory Academic Progress (SAP) Financial Aid Appeal Process" (see link below):
<http://www.collin.edu/gettingstarted/financialaid/getcounseling.html>
 *You will need to create a new login to complete this counseling session.
4. **ACADEMIC ADVISOR:**
 - a. Please attach an updated degree audit signed and dated by an Academic Advisor, noting the courses which are still left to complete on your current, declared degree program.
 - b. _____ Number of additional credit hours needed to complete program (include currently enrolled hours).
 - c. Academic Advisor Signature: _____ Date: _____

Appeal Review

All financial aid appeals are reviewed by a committee made up of faculty and staff from Collin College. Financial aid employees are not involved in the review process. Students will be notified of the committee's decision via their school email account. An appeal that does not meet the requirements per the SAP policy will not be approved. The decision of the Appeals Committee is final and additional appeals will not be considered.

Student Agreement

I certify that the attached statement and document(s) are true and accurate. I understand that Collin College has established the Financial Aid Appeals Committee and that the committee has the final determination on my appeal. I understand that I am responsible for any charges and payment deadlines while my appeal is being evaluated. I hereby give authorization for the attached documentation to be verified.

The deadline for submitting an appeal is 30 days after the official first day of classes for a semester.

Student Signature: _____ Date: _____

Office use only:

Aid Year: _____ Campus: _____ Date: _____ RRAAREQ Code: APPEAL Status Code: _____ Initials: _____