

FINANCIAL AID MAXIMUM TIMEFRAME APPEAL FORM

Student First Name: _____ Student Last Name: _____ ID: _____
DOB: ____/____/____ Primary Phone #: (____) _____ - _____ Secondary Phone #: (____) _____ - _____

Academic Advising Course Review

To be completed by:

Student's Academic Advisor (If seeking a bachelor's degree)
Graduate Program Coordinator- GPC (If seeking a Graduate/professional Degree)

College/Department: _____

Degree/Major: _____ Minor (if applicable): _____

Total required major/minor hours for current Degree: _____

Total Hours completed (toward degree completion): _____

Total Hours remaining in degree plan for student to graduate: _____

****NOTE: Courses must also satisfy Stay on Track (CPoS) requirements****
(For Total Hours, please complete Page 2 of this form)

How many more semesters beginning with term appealing for
(including Summer) are needed to graduate?
Summer sessions are seen as one semester (e.g., Summer 1 & Summer 2= 1 semester) _____

Please indicate Semester and Year student is expected to graduate: _____

Is Degree Works reflecting this information? YES NO

Advisor's/GPC Name: _____ Phone: _____

Advisor's/ GPC Signature: _____ Date: _____

Student Acknowledgement:

By signing below, I acknowledge that *if* my Financial Aid Maximum Timeframe (MTF) Appeal is approved, I am required to take only the courses as outlined on this form. Courses listed must also satisfy Stay on Track (CPoS) requirements. Taking courses not required by Stay on Track (CPoS) initiatives will result in immediate loss of financial aid eligibility. Further, if I do not meet the conditions of the MTF appeal, I will not be eligible for additional appeals.

Student Signature: _____ Date: _____

List of Courses Needed by Student to Complete Degree

****NOTE: Courses listed must also satisfy Stay on Track (CPOS) requirements****

SUBJECT & COURSE	COURSE NAME	HOURS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____
TOTAL HOURS*:		_____

***Note:** If additional courses need to be included, please attach a separate sheet.

Advisor's/GPC Signature: _____

Date: _____

If you have any questions related to the completion of this form, please email finaid@utrgv.edu, or you may also contact U Central at (888) 882-4026.