

2024-2025 Maximum Timeframe Appeal Form

STUDENT INSTRUCTIONS: Processing of this form could take up to 15 business days, longer during peak time.

This appeal is for students who have exceeded the 150% time frame allowed to complete degree requirements. This appeal has four parts: Section I and Section IV are to be completed by all students. Student needs to complete either section II-A or III-A depending on their special circumstance. Section II-B or III-B needs to be completed with the student's academic advisor/counselor. **SECTION I:**

Name: _____ MPC ID#:

Address: _____ City: _____ State: _____ Zip: _____

Phone #: (____) _____ Email: _____

SECTION II-A: (Complete this section only if you are appealing based on a special circumstance.)

In the box below, please provide a detailed explanation of the special circumstance that has caused you to exceed the 150% maximum time frame at MPC. Special circumstance must fall under these 4 categories: accident or injury to the student, illness to the student that is **not chronic**, death of immediate family (i.e. mother, father, spouse, child, grandmother, grandfather, sibling and parent-in-laws of the student), or a one-time life altering event to the student. Student must **provide third party** documentation such as court orders, police reports, death certificate, statements from physician that support the special circumstance.

What is the program of student/major that you are seeking?: _____

Section II – B Student who is completing section II-A – please completed this section with your academic advisor/counselor.

I have met with the student and reviewed his/her program of study/major. The courses listed on the attached comprehensive educational plan are what the student needs to complete, transfer or graduate.

Counselor's Signature: _____ Date: _____

SECTION III-A: (Complete this section only if you are appealing based on program of student/major change.)

Program of Study/Major changed from _____ to _____

In the box below, please provide a detailed explanation as to why you have changed your program of study/major which has made your exceed the 150% maximum time frame allowed.

SECTION III-B: Student who is completing section III-A – please complete this section with your academic advisor/counselor.

I have met with the student and reviewed his/her new program of study/major requirements. The courses listed on the attached comprehensive educational plan are what the student needs to complete, transfer or graduate in the new program of study/major. I am providing the total amount of units that will be applied towards the students new program of study/major from all units (credits) attempted. All units (credits) that will not be applied towards the student’s new program of study/major will be deducted from the students total units (credits) attempted.

Major Units/Credits Applied Toward New Major: _____

Gen Education Units Applied Toward New Major: _____

Additional Units Applied Toward New Major: _____

Total Units Student Has Toward New Major: _____

Counselor’s Signature: _____

Date: _____

SECTION IV: Students Certification

Your signature below acknowledges that you have read and understand the following restrictions: I will not be funded for courses other than those listed on the educational plan. If I enroll in courses not listed on the plan, I will be placed on Permanent Loss of Eligibility. I will have no more financial aid eligibility here at MPC. I understand no changes may be made to the educational plan, unless I contact the financial aid office prior to the beginning of the semester and complete the Change of My MAP Form. I must complete all courses with a minimum semester and cumulative GPA of 2.0 or better and a semester and cumulative Pace Progression of 2/3 or better. Failure to meet these requirements is a breach of the appeal which will result in financial aid disqualification with the possibility of further appeals.

Student’s Printed Name

Student’s Signature

Date

Reinstate on Probation: _____
Committee Signature: _____
Committee Signature: _____

Not Reinstated: Why: _____
Committee Signature: _____
Committee Signature: _____