



## SATISFACTORY ACADEMIC PROGRESS (SAP) MAXIMUM TIME FRAME APPEAL FORM

This form is for students who have exceeded the Maximum Time Frame component of the Satisfactory Academic Progress Policy due to either of the following:

- Pursuing a first degree but are beyond 150% of the required credit hours for degree completion
- Pursuing a second degree (Undergraduate or Graduate)

According to your academic record, you have either previously earned a degree from California University of Pennsylvania or you have exceeded the amount of credits required for your program. Federal regulations state that the Maximum Time Frame a student has to complete a program cannot exceed 150% of the program's published length.

In order for the Financial Aid Office to consider you for additional financial assistance, this form must be completed by **both you and your Dean/Academic Advisor**. We will review all information provided and will notify you in writing of our decision. If your appeal is approved, aid will be awarded only for the remaining credits required for the completion of your degree. If we determine that you have other progress issues (credit deficiency and/or low GPA) we will notify you after we review your Maximum Time Frame Appeal.

### SECTION A: STUDENT INFORMATION

Name: \_\_\_\_\_ CWID: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_ Term the Appeal is for: \_\_\_\_\_

1. Current Major: \_\_\_\_\_

2. Did you change your major while attending California University of Pennsylvania?

a. No \_\_\_\_\_

b. Yes \_\_\_\_\_ When: \_\_\_\_\_

3. Are you pursuing a second degree from California University of Pennsylvania?

a. No \_\_\_\_\_

b. Yes \_\_\_\_\_ What is your 1<sup>st</sup> Degree? (ex. BA or BS) \_\_\_\_\_

4. Did you transfer credits from another university?

a. No \_\_\_\_\_

b. Yes \_\_\_\_\_ Number of credits transferred \_\_\_\_\_

5. What is your expected date of graduation? \_\_\_\_\_

6. Please attach a **typed** explanation for earning a second degree or why you require additional time to complete your primary degree.

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**SECTION B: ACADEMIC ADVISOR CONFIRMATION**

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***Undergraduate and Graduate Students: This section must be completed by your Academic Advisor or Dean before being submitted to the Financial Aid Office.***

Number of credits remaining to complete his/her degree: \_\_\_\_\_

Anticipated date of graduation: \_\_\_\_\_

Additional Comments from Advisor/Dean

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Undergraduate students**

Advisor/Dean Signature: \_\_\_\_\_ Date \_\_\_\_\_

Advisor/Dean Name (print): \_\_\_\_\_

**Graduate students**

Advisor/ Dean Signature: \_\_\_\_\_

Advisor/Dean Name (print): \_\_\_\_\_ Date \_\_\_\_\_

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**For Office Use Only**

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Previous Appeal: _____ Yes _____ No _____ Academic Year: _____
Credits Required for Completion: _____
Approved _____ Denied _____
Reason for denial: _____
Reviewed by: _____ Date: _____

MS _____
SB _____

Return to: California University of PA Financial Aid Office 250 University Avenue California, PA 15419 Fax: (724) 938-4551
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