Office of Student Financial Aid
802 Grand Avenue
Glenwood Springs, CO 81601
800-621-8559 FAX 970-947-8318

2012 – 2013 ACADEMIC YEAR

SAP APPEAL FOR ADDITIONAL MAXIMUM TIME FRAME HOURS

For Satisfactory Academic Progress

STUDENT NAME: _____ STUDENT ID #_____

Use this form if you are appealing the cancellation of your financial aid only due to going over the maximum time frame for your program of study. Appeals for all other circumstances or combinations of circumstances must be submitted on the Student Financial Aid Appeal form. Before completing and submitting this appeal, please review the SAP policy to ensure you have met the necessary requirements. Lack of knowledge of the policy will not be grounds for the approval of an appeal. For more information please see http://coloradomtn.edu/UserFiles/Servers/Server_2935393/File/financial_aid/FinAidFacts.pdf.

REQUIREMENTS FOR COMPLETING THE APPEAL PROCESS

- **Attach a detailed explanation** as to the circumstances that have resulted in the current maximum time frame status (e.g. transferred credits that were not accepted toward current degree, changed major, etc.)
- **Meet with your advisor to complete the enclosed *Academic Timeline Form*.** This form is required and must be completed with an academic advisor.
- **Submit a copy of your academic evaluation.**

CERTIFICATION STATEMENT

I have read the requirements for completing the appeal process and certify that all of the information I have provided is true and complete to the best of my knowledge. If necessary, I agree to provide further proof of the information that I have submitted.

_____ _____

Student Signature **Date**

****ATTACH A COPY OF YOUR ACADEMIC EVALUATION****

2012 - 2013 ACADEMIC YEAR

APPEAL OF SATISFACTORY ACADEMIC PROGRESS (SAP) DETERMINATION

Appeal for Additional Maximum Time Frame Hours

STUDENT NAME: _____ STUDENT ID: _____

Academic Timeline

Must be completed with an academic advisor in the student's college office.

Complete an academic projection for this student's next four terms (required)

(Can be more than 2 semesters if the student's projected graduation will be longer than 2 semesters)

Semester: Year:

Semester: Year:

Semester: Year:

Semester: Year:

To graduate with a _____(degree) in _____(major), the student must complete _____ additional hours.

Advisor Verification (required)

Advisor Signature: _____ Date: _____

Advisor Name (Print): _____

Email: _____ Phone: _____