

# Minnesota West Community & Technical College

## FINANCIAL AID MAXIMUM TIME FRAME APPEAL

\*\*Submission of this form does not guarantee the reinstatement of your financial aid eligibility.

Award year \_\_\_\_\_

Name \_\_\_\_\_ Tech ID \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

You have been placed on financial aid suspension due to reaching your maximum time frame. All students are expected to complete their degree objectives within an acceptable period of time. The maximum time frame for financial aid recipients is 150% of the published credit length of the program. You have exceeded that limit. You may re-establish financial aid eligibility by successfully appealing your status based on unusual and/or extenuating circumstances.

To appeal you must:

- Meet with your academic advisor and provide an academic plan of study on the second page of this form, indicating the specific classes still needed by you in order to complete your degree at Minnesota West. Make sure your program plan contains what semesters you will be taking your remaining classes and your expected date of graduation.
- Explain in detail the mitigating circumstances that contributed to your difficulty in meeting the maximum time frame requirement. Attach third party, professional documentation to clarify/support your appeal.

For example:

- In cases of death: obituary, death certificate, newspaper notice
- In cases of illness: letter from physician collaborating illness and length of recuperation
- Other: third party professional documentation that covers the time frame of your difficulty

I understand that it is my responsibility to provide any and all supporting documents and information necessary to substantiate this request.

\_\_\_\_\_  
student signature

\_\_\_\_\_  
phone number

\_\_\_\_\_  
email (Please provide valid address, as you will be notified electronically of the result of your appeal.)

**PLEASE COMPLETE THE SECOND PAGE OF THIS FORM WITH YOUR ADVISOR**

Financial Aid Office Use Only

Date Appeal Reviewed \_\_\_\_\_

Action Taken:

- Appeal approved for \_\_\_\_\_
- Appeal conditionally approved only for specific classes as outlined by your advisor
- Appeal denied. You are not eligible for any further aid.
- No decision. Additional information needed. See comments below.

Comments:

\_\_\_\_\_  
Director of Admissions, Registration & Financial Aid Signature (or designee)

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Graduation Date: \_\_\_\_\_ Major: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_

\*\*By completing this form, you agree to follow the curriculum outlined below by you and your advisor. If you take classes that are not included in this curriculum, and are therefore not part of your program, the cost will not be covered by financial aid.

_____ Term		_____ Term	
Course	Credits	Course	Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Term		_____ Term	
Course	Credits	Course	Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach additional sheets as necessary to outline your complete academic plan of study.

Return to:  
Minnesota West CTC  
Attn: Katie Heronimus  
1450 Collegeway  
Worthington, MN 56187

OR give to your campus resource specialist