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Financial Aid Maximum Time Frame Appeal Form

Please indicate the semester and year you are appealing to have your financial aid reinstated:

Fall _____

Spring _____

Student Name: _____ **Student ID:** _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Telephone Number: _____ **Email Address:** _____

Please submit a copy of your program evaluation highlighting the courses you need to take to complete your degree. You can access your program evaluation through your WebAdvisor account. Please attach program evaluation to appeal form.

Step 1: Your current academic information

Degree Objective: *Associate Degree* *Certificate* *Diploma*

Name of program: _____ **Catalog year:** _____

Number of classes remaining to complete degree: _____

Total credit hour requirements for the degree: _____

Number of credit hours earned towards the degree: _____ **Expected graduation date:** _____

Number of credit hours left to fulfill requirement for degree: _____

Step 2: Reason for not meeting Satisfactory Academic Standards

(Please indicate the extenuating circumstances that have caused you to exceed the Maximum Time Frame for your program. Examples include: illness, injury, etc. Specify start and ending dates.)

Warning: According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to \$20,000 or imprisonment for up to 5 years, or both.

