Maximum Time Frame Appeal
2014-2015

NAME: ____________________________  SID# ______________________

Reason for Appeal: (Check all that apply):

☐ Exceeded 150% of the unit requirement of my declared educational goal/major.
☐ Earned an Associate Degree and/or Certificate of Achievement
☐ Earned a Bachelor Degree or higher (eligible for Loans only)

I amAppealing for the Following Term: (Check ONE)

☐ Fall 2014 – Appeal Deadline is November 3, 2014
☐ Spring 2015 – Appeal Deadline is April 6, 2015
☐ Summer 2015 – Appeal Deadline is July 1, 2015

INSTRUCTIONS:
Complete all requirements outlined below before submitting this appeal to the Financial Aid Office. Be thorough as the information provided on this appeal will ultimately determine your eligibility to receive financial aid at DVC.

1. Schedule a ONE-HOUR APPOINTMENT WITH AN ACADEMIC COUNSELOR. The Counselor will complete the second page of this form and help you prepare an Educational Plan that will outline the course requirements for your educational goal here at DVC. Make sure that your educational plan includes the courses you are enrolled in for the current semester, if any. You can schedule an appointment with a counselor by calling (925) 969-2140 or by visiting the Counseling Center during office hours.

2. Make a copy of your EDUCATIONAL PLAN and attach it to this form. Keep the original copy for your records as you will be expected to follow this plan in order to continue receiving financial aid at DVC.

3. Write or type a PERSONAL STATEMENT on a separate piece of paper explaining your situation and attach it to this form. Please address ALL of the following questions in your personal statement:
   a.) Federal regulation states students are not eligible to receive financial aid funds after they have attempted 150% of units needed for a degree or if they have already completed a degree. Why do you believe an exception should be made in your case? What extenuating circumstances occurred that have caused you to reach Maximum Time Frame?
   b.) What has changed that will help you meet Satisfactory Academic Progress (SAP) in the future? What steps have you taken (or are you planning to take) in order to stay on track with your educational plan and complete your academic goals at DVC in a timely manner?
   c.) If you did not meet Satisfactory Academic Progress last semester (Semester and/or Cumulative GPA fell below 2.0 and/or did not complete 67% of units attempted), please address the extenuating circumstances that caused you to not meet the academic requirements?

By signing this form, I certify that: (Initial by each statement)

_____ I acknowledge that I have read and understand the District’s SAP Policy found on the DVC Financial Aid website.
_____ I understand that I am ineligible for financial aid unless my appeal is approved
_____ All statements and/or supporting documentation are true and correct to the best of my knowledge.
_____ I understand that further documentation may be requested if needed in order to reach a decision.
_____ Once a decision has been made, I will be notified in writing via the Insite Portal email.
_____ I understand that appeal processing may take more than 4-6 weeks during peak times.
_____ I understand that if eligible for Pell Grant, I am limited by federal law to a lifetime maximum Pell Grant of six full-time years (600%). Once 600% is reached, I will be ineligible for Pell Grant. This will override any extensions/decisions made through this Appeal. There is no Appeal process, if 600% is reached.
_____ If my appeal is approved, I must agree to – (1) Stay on track and only take courses that are on my Educational Plan, (2) Earn at least a 2.0 GPA each semester and maintain a financial aid cumulative GPA of at least 2.0, and (3) Complete at least 67% of all units attempted every semester and cumulatively.

STUDENT’S SIGNATURE: ____________________________  DATE: ______________________

SID# ______________________

Fall 2014 – Appeal Deadline is November 3, 2014
Spring 2015 – Appeal Deadline is April 6, 2015
Summer 2015 – Appeal Deadline is July 1, 2015
1. Current Major: ________________________ Current Semester: ______________________

2. **DVC Objective** (Please circle all that apply): (A) AA/AS/AA-T/AS-T Degree (B) Transfer to 4 year (C) Certificate of Achievement  
   *(Certificates of Completion are not an eligible financial aid program)*

3. **If major change**, From ______________________ To: ______________________ Effective: ______________________
   *(Student needs to pick up a Change of Major form from Financial Aid or the Counseling Office, take it to Admissions for review, and return it to Financial Aid. This form is different from the A&R Change of Major form.)*

4. Has the student attended any other colleges?  
   Yes (all prior academic transcripts must be on file and evaluated in Admissions and Records before continuing)
   List prior college(s) attended:
   ______________________
   ______________________
   ______________________

   Total # of completed units from other colleges that can be applied toward educational goal: ______________________

5. Total number of Remedial units completed from DVC & other colleges: ______________________
   *(Remedial at DVC - Coursework numbered below 100, English 105, 110, 116 & 118, Math 114 & 120)*

6. Total number of ESL units completed from DVC & other colleges: ______________________

7. Number of completed units toward educational goal: ______________________
   *(Include pre-requisites, major preparation, GE, & any units needed to reach academic goal- ie 60 for transfer. Exclude remedial, ESL & other units not necessary to reach academic goal- ie electives if not needed for 60 total)*

8. Total number of units required to complete educational goal at DVC: ______________________
   *(Include remedial & ESL units including pre-requisites, major preparation, GE, & any units necessary to reach academic goal - i.e. 60 for transfer. Also include number of units in current term unless not applicable to academic goal. This number of units should match the total amount of units indicated on the Educational Plan form.)*

If current semester is the last semester check here [ ]

**COMMENTS/EXPLANATIONS:**
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

COUNSELOR SIGNATURE: ______________________ DATE: ______________________

COUNSELOR PRINTED NAME: ________________________________________________________________