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(Please Print)

Student Name \_\_\_\_\_  
*Last First MI*

Address \_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_ *City State Zip Phone*

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### **Time Frame Limit Policy**

Federal regulations require that all students, both full and part-time, who apply for or receive financial aid must maintain satisfactory academic progress and be working toward a degree, certificate, or transfer program PCC allows students an established number of credits to complete their degree, certificate, or transfer program. This includes credits attempted without receiving aid.

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### **Student Instructions for Completing Time Frame Extension Request.**

1. Please complete Part 1 and Part 2 of this form. Make sure you do not leave any items blank. It is extremely important that you explain in detail the mitigating circumstances that prevented you from completing your degree, certificate or transfer program within the required time-frame limit.
  2. Submit this form to the chairperson of your academic department for written evaluation and signature. (**Exception:** Students majoring in General Studies or completing a transfer degree should submit the form to the Student Records Office, Rock Creek Campus).
    - 2.1 Students completing the Associate of General Studies degree or the A.S./A.A.O.T. transfer courses should submit the form to the Student Records Office at the Rock Creek Campus.
    - 2.2 Students completing specific transfer courses for a particular college or university should submit the form to an Academic Advisor.
  3. The Department Chair (or Student Records Office ) or Academic Advisor will forward the form to the Financial Aid Office.
  4. Submit to the Financial Aid Office any additional documentation or letters (from instructors, counselors, and advisors) that may support your appeal.
  5. The majority of Time Frame Extension Requests are forwarded to the Financial Aid Advisory Committee for review. The Committee meets once per month during the academic year. You will be notified of the results of your appeal in writing.
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### **Department Chair Instructions for Completing Time Frame Extension Request**

1. Please review the student's proposed class schedule to determine the courses needed to complete the certificate, degree or transfer program. If some courses are not needed, please delete them.
  2. Complete Part 3 of this form. Make any necessary corrections to the schedule. It is extremely important that you help the Financial Aid Advisory Committee make a fair evaluation of the student's situation by completing the comments section on page 4.
  3. Return the form to the Financial Aid Office within seven working days. (Keep in mind that the Financial Aid Advisory Committee normally meets on the first Tuesday of every month).
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**PART 1 To be Completed by the Student and Reviewed by an Advisor**

Write out your proposed class schedule for the terms for which you are requesting additional financial aid eligibility. You must check with the Department Secretary to be sure proposed courses will be offered in the term you have indicated.

**Terms and Courses Requested:**

TERM \_\_\_\_\_ YEAR \_\_\_\_\_

DEPT	NUMBER	COURSE TITLE	CR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TERM \_\_\_\_\_ YEAR \_\_\_\_\_

DEPT	NUMBER	COURSE TITLE	CR
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TERM \_\_\_\_\_ YEAR \_\_\_\_\_

DEPT	NUMBER	COURSE TITLE	CR
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TERM \_\_\_\_\_ YEAR \_\_\_\_\_

DEPT	NUMBER	COURSE TITLE	CR
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TERM \_\_\_\_\_ YEAR \_\_\_\_\_

DEPT	NUMBER	COURSE TITLE	CR
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TERM \_\_\_\_\_ YEAR \_\_\_\_\_

DEPT	NUMBER	COURSE TITLE	CR
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_____	_____	_____	_____

Student Signature \_\_\_\_\_ Date \_\_\_\_\_



