

Maximum Timeframe Appeal Form

Student's Signat	ture		Date:				
asked by an auth form. I understa reduction or rep use of this inform	norized officia nd that purpo ayment of aic mation and ar	ll, I agree to pro sely providing f d, fines and/or in	e and correct to the best of my vide additional proof of the inf alse or misleading information mprisonment in this and/or fut ocumentation for Mississippi V	formation provided on this on this on this form may result in cure years. I authorize the			
☐ I have read a	nd understan	d the Satisfacto	ry Academic Progress Policy.				
my restricted co have not been a	urse list (RCL) pproved, I wil	will be conside I not receive fin	d, I will be placed on probation red for federal financial aid. If ancial aid for those classes and only be funded for approved c	I choose to take classes that d delay of awarding and/or			
Certification a	nd Signature	2					
□ I have attempted 150% or more of the credits required for my degree. □ I have transferred hours that do not apply to my program of study. □ I must take specific coursework in order to enroll in an eligible program (students requesting an extension under this requirement must be taking classes that are a prerequisite for admission to the program. Students meeting this Preparatory Course Work requirement are not grant eligible and may only be considered for loans during one consecutive 12 month period).							
Students may rethat apply)	equest to have	e their timefran	ne extended under the follow	ing circumstances: (check all			
Your typed appearned more cre			llowing: a detailed explanatio am requires.	n as to why you have			
suspension. You complete by you Office. Incomplete Mississippi Valle of the committe longer during per	may appeal I ur academic a ete forms will y State Unive e's decision w eak processing	by completing and divisor), all acan be rejected. You rsity may be used till be delivered and periods). Subs	emic Progress guidelines, you a and returning this form with an demic transcripts and a typed u understand by submitting thi ed for determining the outcom to you. <u>Please allow at least a</u> mission of this appeal does not Committee decisions are final.	In ("curriculum summary" I letter* to the Financial Aid is form any enrollment with the of this appeal. Notification 15 business days (may take t guarantee approval and			
[] Fall			ear:	aro on financial aid			
I am requesting							
Student Name		ent ID#	Social Security Number	Program or Major			



amittaa initialei			
mmittee initials:			
Sum/			
	#Cr. attempt	#Cr. earned	CGPA
	Sum/ :	#Cr. attempt	#Cr. attempt #Cr. earned