



SATISFACTORY ACADEMIC PROGRESS (SAP) MAXIMUM TIME FRAME APPEAL FORM

This form is for students who have exceeded the Maximum Time Frame component of the Satisfactory Academic Progress Policy due to either of the following:

- Pursuing a first degree but are beyond 150% of the required credit hours for degree completion
- Pursuing a second degree (Undergraduate or Graduate)

According to your academic record, you have either previously earned a degree from California University of Pennsylvania or you have exceeded the amount of credits required for your program. Federal regulations state that the Maximum Time Frame a student has to complete a program cannot exceed 150% of the program's published length.

In order for the Financial Aid Office to consider you for additional financial assistance, this form must be completed by **both you and your Dean/Academic Advisor**. We will review all information provided and will notify you in writing of our decision. If your appeal is approved, aid will be awarded only for the remaining credits required for the completion of your degree. If we determine that you have other progress issues (credit deficiency and/or low GPA) we will notify you after we review your Maximum Time Frame Appeal.

SECTION A: STUDENT INFORMATION

Name: _____ CWID: _____

Permanent Address: _____
Street City State Zip

Telephone Number: _____

1. Current Major: _____

2. Did you change your major while attending California University of Pennsylvania?

- a. No _____
- b. Yes _____ When: _____

3. Are you pursuing a second degree from California University of Pennsylvania?

- a. No _____
- b. Yes _____ What is your 1st Degree? (ex. BA or BS) _____

4. Did you transfer credits from another university?

- a. No _____
- b. Yes _____ Number of credits transferred _____

5. What is your expected date of graduation? _____

6. Please attach a **typed** explanation for earning a second degree or why you require additional time to complete your primary degree.

SECTION B: ACADEMIC ADVISOR CONFIRMATION

This section must be completed by your Academic Advisor/Dean before this form is submitted to the Financial Aid Office.

Number of credits needed to complete his/her degree: _____

Anticipated date of graduation: _____

Additional Comments from Advisor/Dean:

Advisor/Dean's Signature _____ Date _____

Advisor/Dean's name (please print) _____

For Office Use Only

Previous Appeal: ____ Yes ____ No Academic Year: _____

Credits Required for Completion: _____

Approved ____ Denied ____

Reason for denial: _____

Reviewed by: _____ Date: _____

MS _____

SB _____

Return to: California University of PA
Financial Aid Office
250 University Avenue
California, PA 15419
Fax: (724) 938-4551