



150% Maximum Time Frame Appeal Letter

NAME _____ SSN _____

ADDRESS: _____ City/State/ZIP _____

PHONE _____ PROGRAM _____

GRADUATION DATE FOR NEW PROGRAM OF STUDY: _____

NOTICE: PLEASE READ CAREFULLY

You have reached the maximum allowable credits for a two year institution, or the maximum credits for your program of study. However, you may have graduated in a major and are now coming back into a new program of study or you transferred into several programs in the past, but have not completed one at this point in time. I will review your academic history and the academic plan of study that you and a counselor have developed. An academic plan of study will help guide you through your program, make your class selections easier, and increase your chance of completing a program in a reasonable time frame. It will also help to determine how many additional semesters will be allowed for financial aid to assist you in completing your program.

To ensure prompt processing of your appeal, please follow the checklist below:

- **Complete your academic plan of study on the reverse side of this form.**
- If you have not completed a program, you also need to **attach documentation** explaining the factors that kept you from completing your program and what you will change to allow you to complete your new program of study.
- Contact the registrar’s office and make certain that they are aware of the change in your program of study and it has been documented.

You will receive a response to this appeal within 10 days. If your appeal is denied, you may request to meet with the Financial Aid Director to discuss your appeal.

Return to: Judy Robeck
Financial Aid Director
Riverland Community College
1900 Eighth Avenue NW
Austin, Minnesota 55912

STUDENT SIGNATURE _____ DATE _____

OFFICE USE ONLY

____ Appeal Accepted ____ Appeal Denied _____ Date Received

Financial Aid Director’s Signature

Date

Riverland is asking you to provide information that includes private and/or confidential information under state and federal law. Riverland is asking for this information in order to process this form.

You are not legally required to provide the information we are requesting; however, the college may not be able to effectively process this form without it.



ACADEMIC PLAN OF STUDY FOR FINANCIAL AID

Name _____ SSN / Tech ID _____ Major _____

Counselor _____ Date of Appt. _____

FALL SEMESTER 20____	SPRING SEMESTER 20____	SUMMER 20____
Total Credits	Total Credits	Total Credits
NOTES:	NOTES:	NOTES:
FALL SEMESTER 20____	SPRING SEMESTER 20____	SUMMER 20____
Total Credits	Total Credits	Total Credits
NOTES:	NOTES:	NOTES:

By signing this form, I agree to follow the curriculum outlined above as developed by my counselor and me. If I take classes that are not included in this curriculum, and are therefore not part of my academic plan of study, the cost will not be covered by financial aid. **I also realize that if I do not take courses that have been determined by my counselor as being required for my program of study, I may forfeit my financial aid entirely.**

STUDENT SIGNATURE

COUNSELOR/ADVISOR SIGNATURE

DATE

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