UVA WISE | Office of Financial Aid

Maximum Time Frame Appeal

Student Request Form

Use this packet to request consideration for federal, state, and institutional aid after reaching the maximum attempted-credit threshold. Submit this appeal with a signed program plan and a personal statement explaining your remaining degree requirements and the circumstances that led to excess attempted credits.

1. Appeal Reason

☐ My aid eligibility was terminated because I exceeded the maximum attempted credit hours allowed for my degree program.

☐ My aid eligibility was terminated because I fell below minimum cumulative GPA and/or completion rate requirements.

2. Degree Information

Student Name _____

Student ID _____

Current Degree Objective ☐ Undergraduate (Bachelor's degree) ☐ Graduate (Master's/Doctoral degree)

Degree Type ☐ B.A. ☐ B.S. ☐ Other: _____

Major _____

Second Major ☐ Yes ☐ No If yes: _____

Anticipated Graduation Term _____

Applied for Graduation ☐ Yes ☐ No

3. Funding Notes

• Funding is typically limited to courses required to complete your current degree objective.

• Second majors, minors, personal-enrichment coursework, and repeated coursework after a passing grade are generally not fundable unless clearly required for degree completion.

• All attempted college credits count toward maximum time frame review.

Student Signature _____ Date _____

Advisor Signature _____ Date _____

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Personal Statement

In the space below, explain each item that applies to your situation:

- Why you accumulated and/or attempted excess credits for your degree.
- Any courses you completed that are not required for your current degree objective and why they were taken.
- Any changes to your major or academic program and why those changes occurred.
- How the attached program plan will allow you to finish your degree within the terms listed.

Important: If your appeal is approved, you must successfully complete the courses listed on your approved program plan. Future extensions may be denied if the plan is not followed.

Evaluation may take up to four weeks. Committee decisions are sent to your UVA Wise email account.

Student Signature _____ Date _____

Advisor Signature _____ Date _____

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Maximum Time Frame Program Plan

Complete with your academic advisor and list only the remaining required courses for your degree.

Student Name _____

Student ID _____

Major / Program _____

Expected Graduation Term _____

Advisor Name _____

Advisor Email _____

Fall 20_____			
Course	**Credit Hrs**	**Requirement Fulfilled**	**Advisor Initials**
TOTAL			

Spring 20_____			
Course	**Credit Hrs**	**Requirement Fulfilled**	**Advisor Initials**
TOTAL			

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Maximum Time Frame Program Plan

Continue listing only remaining required courses.

Summer 20_____			
Course	**Credit Hrs**	**Requirement Fulfilled**	**Advisor Initials**
TOTAL			

Fall 20_____			
Course	**Credit Hrs**	**Requirement Fulfilled**	**Advisor Initials**
TOTAL			

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Maximum Time Frame Program Plan

Final terms and certification

Spring 20_____			
Course	**Credit Hrs**	**Requirement Fulfilled**	**Advisor Initials**
TOTAL			

Summer 20_____			
Course	**Credit Hrs**	**Requirement Fulfilled**	**Advisor Initials**
TOTAL			

By signing below, the student and advisor confirm that the courses listed above are the remaining requirements for the student's degree objective.

Student Signature _____ Date _____

Advisor Signature _____ Date _____