



Student Name: _____ TVIN: _____

Phone: _____ Email Address: _____

The purpose of the SAP Out of Hours (150% Maximum Time Frame) Appeal form is to allow a student to explain the circumstances that interfered with his or her ability to earn a degree within the maximum time frame.

Appeal Guidelines

A student no longer eligible for financial aid due to exceeding the maximum time frame may appeal by explaining why they failed to earn a degree within an appropriate time frame.

Appeal Instructions

Please complete this form by answering all questions. The second page of this appeal MUST be completed by your Academic Advisor.

SAP 150% Maximum Time Frame Requirement:

Completion of a degree/certificate within the maximum time frame of 150% of the hours needed to earn a degree.

- What is the specific degree or major you are seeking?
Are you currently enrolled in the degree plan which you are seeking the appeal for?
Do you have any previous degrees/certificates earned at other schools or at TVCC?

Appeal Essay Question (REQUIRED): Please attach a separate sheet if additional space is needed.

Explain in detail why you have not completed your degree within the appropriate time frame.

Blank lines for writing the appeal essay.

I understand that decisions on appeals are processed on a case-by-case basis. If approved, I will be expected to make satisfactory academic progress (SAP) or this appeal will be terminated.

Student Signature _____ Date _____

YOU MAY SUBMIT ONLY ONE APPEAL OF THIS TYPE - YOU WILL ONLY BE ELIGIBLE TO USE FINANCIAL AID FOR CLASSES APPROVED ON THIS DEGREE PLAN AND ONLY BE ALLOWED TO ATTEMPT THE CLASS(ES) ONE TIME.



Trinity Valley Community College
 Financial Aid Office
 903-675-6233 phone
 903-675-6345 fax
finaidinfo@tvcc.edu

ADVISOR DEGREE AUDIT

150% Maximum Time Frame

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Student Name: _____ TVIN: _____

Phone: _____ Email Address: _____

To be completed by your Academic Advisor

Advisor Instructions: Please do not use abbreviations.

Current Degree Plan _____

Is the student accepted and active in the degree plan in which they are seeking an appeal? Yes No N/A

If no, when will they be able to apply? _____

Hours needed to complete degree/certificate (**include** registered or in-progress hours)? _____

Cumulative earned/passed hours (including transfer hours) to be used toward major? _____

List any hours transferred and school transferred from _____

Will the student have to repeat any classes to complete degree? Yes No

If yes, please explain _____

List all courses required to complete the requested degree plan (Course Prefix and Number – ex: ENGL 1301)

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional Comments _____

Advisor Signature _____ Date Signed _____

Student Signature _____ Date Signed _____



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Academic Plan Contract

150% Maximum Time Frame

tonya.dean@tvcc.edu Page 3 of 3

Student Name: _____ TVIN: _____

Phone: _____ Email Address: _____

The purpose of the Academic Plan Contract is to ensure the student complies with the guidelines stated, to continue to receive federal financial aid, beyond the 150% Max Timeframe. Should the student appeal be approved, this contract will go into effect immediately following that approval.

Student's current degree or major: _____

When do you expect to graduate from TVCC? _____ Month _____ Year

Academic Plan Guidelines:

1. Student must have an approved 150% Max Timeframe Appeal on file.
2. Student must have a signed degree audit on file with the financial aid office.
3. Student must have a signed Academic Plan Contract on file.
4. Student must only enroll in classes on the degree audit.
5. Student must maintain a "C" or better in all classes.
6. Student must not drop, withdraw or have any "I" grades from any classes.
7. Student must return signed contract to the financial aid office 2 weeks prior to 1st day of class.

Student Agreement:

This signed contract will serve to confirm our agreement and my understanding that if I violate any of the guidelines above, that the contract becomes null and void. Therefore, I will no longer be eligible to receive any further federal Title IV financial aid funds from TVCC. Any future classes taken will be my sole responsibility to pay.

 Student Signature

 Date Signed

 Financial Aid Administrator

 Date Signed

For financial aid purpose only: Notes: _____	
Graduation Date: _____	Semester Contract Terminated: _____ FAC: _____