



Trinity Valley Community College
Financial Aid Office
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150% Maximum Time Frame

Satisfactory Academic Progress (SAP)

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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. The Federal Government limits the amount of financial aid a student can receive at each institution, including transfer credits from other schools.

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. A student appealing Maximum Time Frame must have a current & cumulative GPA of 2.0 or better as well as a current and cumulative Pass Rate of 67%. A student must also have a current year FAFSA on file with the TVCC Financial Aid Office. Submission of an appeal does not guarantee a change in your financial aid eligibility.

Appeal Instructions

Please complete this form by answering all questions. The second page of this appeal **MUST** be completed by your Academic Advisor. Incomplete appeals will be automatically denied.

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. If a student's attempted hours are higher than 150% of hours required for their major, the student will be placed on Max Timeframe.

- 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? ☐ Yes ☐ No
 - If no, when do you intend on beginning the program to which you are appeal? _____
- Do you have any previous degrees/certificates earned at other schools or at TVCC? _____
If yes, please list degree/certificate, where and when awarded _____

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. If you have previously earned a degree/certificate, explain why you are trying to earn another degree.

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. I understand that completion of this appeal does not constitute and approval. I will be notified of the decision by email to my TVCC student email account.

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.**



Advisor Signature: _____ Date: _____

[illegible][illegible]



Academic Plan Contract

Max Time Frame/SAP
GPA _____ PR _____ Hours _____

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The purpose of the Academic Plan Contract is to ensure the student complies with the guidelines stated, to continue to receive federal financial aid.

Student Name: _____ SSN/College ID Number _____
(Please Print)

Student's current degree or major? _____

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

Academic Plan Guidelines

****All students must have a signed Academic Plan Contract on file.****

- For 150% Max
- Student must have an approved 150% Max Timeframe Appeal on file.
 - Student must have a signed degree audit on file with the financial aid office.
 - Student must only enroll in classes on the degree audit.
 - Student must maintain a "C" or better in all classes.
 - Student must not drop, withdraw or have any "I" grades from any classes.

- For GPA/Hours
- Student must not drop, withdraw or have any "I" grades from any classes.
 - Student must meet SAP 2.0 GPA and 67% pass rate during approved semester.

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: _____