

INSTRUCTIONS FOR COMPLETING THE SATISFACTORY ACADEMIC PROGRESS APPEAL FOR AN EXTENSION OF MAXIMUM CREDITS

WHY YOU WERE DENIED

Your financial aid eligibility is limited to a maximum number of credits attempted based on your stated degree or certificate objective. You were denied because you have now reached or exceeded the maximum number of credits allowed. The attached forms are to be completed if you wish to appeal for an extension of your financial aid.

BEFORE SUBMITTING YOUR APPEAL

- You must have completed a Free Application for Federal Student Aid (FAFSA) for the semester you are requesting an extension of financial aid.
- You must be an admitted, degree-seeking student at Lewis-Clark State College.
- You must be registered for the semester you are requesting an extension of financial aid.

SUBMITTING YOUR APPEAL

- Complete all sections of the appeal form.
- Meet with your academic advisor to complete your Satisfactory Academic Progress Academic Plan. The academic plan must be signed and approved by your advisor.
- Be registered for the appropriate classes, as listed on your Satisfactory Academic Progress Plan, for the semester you are requesting an extension of your financial aid.
- Return your completed appeal form and Academic plan to: LCSC Financial Aid Office, RCH Rm. 208, 500 8th Ave, Lewiston, ID 83501 or fax to (208)792-2063.
- **DEADLINE:** You must submit your completed appeal no later than the first Friday of the semester for which you are requesting an extension of your financial aid.

AFTER YOU SUBMIT YOUR APPEAL

- You will receive a written decision on your appeal.
- If your appeal is approved, you will be placed on a financial aid academic plan and your financial aid may be reinstated. The Financial Aid Academic Plan is the same as the academic plan you submitted with your appeal.
- You are responsible for meeting the terms of your academic plan. You will be denied future financial aid if you do not meet the terms of your academic plan.
- After your signed academic plan is received, we will continue processing your application. If you have not received a determination of your award, you may be required to submit additional information before an award will be determined. If you have already been awarded, the funds will be available to you based on the disbursement schedule of Lewis-Clark State College.
- If your appeal is denied you may meet with the Campus Appeal Committee. If you choose to meet with the committee, you should schedule an appointment immediately with the Campus Petition Committee: Administrative Assistant in MTB 101 (208)792-2225. In the committee meeting, you will be given an opportunity to explain your appeal further and to submit additional information. The Appeal Committee will make the final decision to approve or deny your appeal. You will be advised in writing of all decisions related to your appeal.

Lewis Clark State College Satisfactory Academic Progress Appeal for Extension of Maximum Credits

You have been denied financial aid because you did not complete your educational objective within the maximum credits allowed in the progress policy. To appeal for an extension of your financial aid, you must submit this appeal form and an advisor-approved academic plan to:

LCSC Financial Aid Office
500 8th Ave. RCH Rm. 208
Lewiston, Idaho 83501

Student Name: _____ LCSC ID#: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell phone: _____

You **must** complete all items:

1. Provide the semester for which you are requesting financial aid reinstatement? (Enter year)

Fall: _____ Spring: _____ Summer: _____

2. Provide the following:

a. Your current degree or certificate objective? _____

b. Your current grade level? _____ (i.e. freshman, sophomore, etc.)

c. Your anticipated graduation date? _____ (Month, Year)

3. Attach a letter of explanation detailing why you have reached or exceeded the maximum credits attempted/allowed for your degree or certificate without completion of your educational objective.

4. Include in the letter of explanation specific information about how you plan to complete your degree or certificate. Indicate number of credits needed to complete your degree or certificate.

5. Attach your signed advisor-approved Satisfactory Academic Progress Plan and letter of explanation to this form.

CERTIFICATION AND CONTRACT:

I certify that the information contained in this appeal and all supporting documentation is accurate and complete to the best of my knowledge. I understand that I may be asked to provide additional documentation. I understand that any false information could result in denial, reduction, and /or immediate repayment of financial aid.

If my appeal is approved, I agree to pass all of the classes outlined on my advisor-approved academic plan for the appealed semester with a 2.0 cum GPA or higher, if required. I cannot deviate from or change the advisor-approved Satisfactory Academic Plan without approval from the Financial Aid Office and my advisor. I understand that the final semester listed on the degree plan is the last semester I can receive financial aid for this degree.

Student Signature: _____ Date: _____

SATISFACTORY ACADEMIC PROGRESS PLAN

MAXIMUM CREDITS

Purpose: You have been denied financial aid because you have not met the financial aid satisfactory progress requirements. In order to evaluate if federal financial aid can be reinstated, the LCSC Financial Aid Office must verify the exact credit and course requirements needed to complete the stated degree or certificate objective. Please return this completed form with your written appeal form and documentation to: LCSC Financial Aid Office
500 8th Ave. RCH Rm. 208
Lewiston, Idaho 83501

Student Name: _____ LCSC ID#: _____

Major: _____ Degree or Certificate: _____

Student: In order to determine how many additional semesters of Financial Aid you need to graduate, complete this form by identifying all remaining requirements (general education, major, minor, electives, upper division, etc.). With the help of your academic advisor, identify the semester in which you plan to take the course.

Academic Advisor: Please identify in which semester the student should take each course. After this plan is completed, please review and sign it verifying that all remaining credits and specific classes needed for the student to graduate are included. Please make sure only those classes necessary to graduate are listed.

Anticipated Graduation Date: _____

FALL SEMESTER: _____			
DEPT	NUMBER	COURSE TITLE	CRS

SPRING SEMESTER: _____			
DEPT	NUMBER	COURSE TITLE	CRS

FALL SEMESTER: _____			
DEPT	NUMBER	COURSE TITLE	CRS

SPRING SEMESTER: _____			
DEPT	NUMBER	COURSE TITLE	CRS

I have met with this student and verify the classes listed here are needed to graduate in the identified major.
I confirm that only those classes necessary to graduate are listed.

Advisor Name (print): _____ Phone: _____

Advisor Signature: _____ Date: _____

I have met with my academic advisor and agree to register for the classes listed. I understand I must have a minimum cumulative grade point average (GPA) of 2.0 at the end of my plan.

Student Name (print): _____

Student Signature: _____ Date: _____