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

WHY YOU WERE DENIED
Financial aid eligibility is limited to a maximum number of attempted credits based on your stated degree or certificate objective. You were denied because you have reached or exceeded 85% of the maximum number of allowable attempted credits. The attached forms must be completed if you wish to appeal for an extension of your financial aid.

BEFORE SUBMITTING YOUR APPEAL
- You must complete a Free Application for Federal Student Aid (FAFSA) for the semester for which you are requesting an extension of financial aid.
- You must be an admitted, degree-seeking student at Lewis-Clark State College.
- You must register for the semester for which you are requesting an extension of financial aid.

SUBMITTING YOUR APPEAL
- Complete all sections of the appeal form. Be sure to attach a signed detailed letter of explanation and any supporting documentation (medical records, physician statement, death notice, etc.) Incomplete and/or unsigned appeals will not be reviewed.
- Meet with your advisor to review your course schedule for the term you are requesting reinstatement. Register for the advisor-approved courses. Attach a copy of your advisor-approved Academic Plan to this appeal form. The Academic Plan must be approved and signed by your advisor.
- Return your completed appeal form, letter of explanation, supporting documentation, and advisor-approved Academic Plan, to: LCSC Financial Aid Office, RCH Rm.110, 500 8th Avenue, Lewiston, ID 83501, or fax to (208)792-2063.
- DEADLINE: Submit your completed appeal no later than the first Friday of the semester for which you are requesting reinstatement of your financial aid. Incomplete appeals will not be reviewed.

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 eligibility will be reinstated. The Financial Aid Academic Plan is the same as the Academic Plan you submit 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.
- If your petition is approved, we will continue processing your Financial Aid application. If you have not received an Award Letter, 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 have the option to appeal to the Vice President of Student Affairs. If you choose to meet with the Vice President of Student Affairs, you should schedule an appointment immediately with the Administrative Assistant of Student Affairs in Reid Centennial Hall Rm #112 (208)792-2218. In the meeting, you will be given an opportunity to explain your appeal further and submit additional information. The Vice President of Student Affairs will make the final decision to approve or deny your appeal. You will be advised in writing of all decisions related to your appeal.
- Withdrawing from any or all courses while on an Academic Plan will result in failing the Academic Plan and loss of eligibility.
Lewis Clark State College Satisfactory Academic Progress Appeal for Extension of Maximum Credits

You have been denied financial aid because you have reached or exceeded 85% of the maximum allowable attempted credits to complete your educational objective. To appeal for an extension of your financial aid, you must submit this appeal form, a signed detailed letter of explanation, supporting documentation and an advisor-approved academic plan to: LCSC Financial Aid Office 500 8th Ave. RCH RM 110 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. Fall: ________ Spring: ________ Summer: ________

3. Provide the following:
   a. Your current degree or certificate objective: ________________________________
   b. Your current grade level: ________________________________ (e.g. freshman, sophomore, etc.)
   c. Your anticipated graduation date: ________________________________ (Month, Year)

4. Attach a signed letter of explanation detailing why you need to extend the maximum allowable credits to complete your educational objective. Include in the letter of explanation specific information about how you plan to complete your degree or certificate and the number of credits needed.

5. If you are a transfer student, attach a highlighted, signed and dated Transfer Equivalency Report (TRER) from your advisor.

6. Attach your signed advisor-approved Satisfactory Academic Progress Plan, letter of explanation, and supporting documentation to this form.

CERTIFICATION AND CONTRACT:

I certify the information contained in this appeal and all supporting documentation is accurate and complete to the best of my knowledge. I understand I may be asked to provide additional documentation. I understand providing 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 courses outlined on my advisor-approved Academic Plan, maintain a 2.0 GPA or higher for each semester, and maintain a 2.0 cumulative GPA through the end of my Academic Plan. I cannot deviate from or change the advisor-approved Satisfactory Academic Progress Plan without approval from the Financial Aid Office and my advisor. I understand the final semester listed on the degree plan is the last semester for which I can receive financial aid for this educational objective even if I do not graduate.

Student Signature: ___________________________________________ Date: ______________

LCSC is an Equal Opportunity Provider, all forms are available in alternative formats to assist persons with disabilities. Please give reasonable notice to the Financial Aid Office. TTY 800-377-3529
SATISFACTORY ACADEMIC PROGRESS PLAN
MAXIMUM CREDITS

You have been denied financial aid because you have reached or exceeded 85% of the maximum allowable attempted credits to complete your educational objective. To appeal for an extension of your financial aid, you must submit this appeal form, a signed detailed letter of explanation, supporting documentation and an advisor-approved academic plan to: LCSC Financial Aid Office 500 8th Ave. RCH RM 110 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 during which you plan to take each course.

Academic Advisor: After this plan is completed, please review and sign it verifying all remaining credits and specific courses needed for the student to graduate are included. Please make sure only those courses necessary to graduate are listed.

Anticipated Graduation Date: ________________

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I have met with this student and confirm the courses listed above are the remaining courses needed to graduate in the identified major.

Advisor Name (print): ___________________________________________ Phone: __________________
Advisor Signature: __________________________________________ Date: ____________________

I have met with my academic advisor and agree to register for the courses listed. I understand I must have a minimum grade point average (GPA) of 2.0 at the end of each semester and I must maintain a cumulative 2.0 GPA through the end of my plan. I understand withdrawing from courses while on an Academic Plan will result in failing the Academic Plan and loss of eligibility. I understand I am expected to graduate at the end of my plan.

Student Name (print): __________________________________________
Student Signature: __________________________________________ Date: ____________________