



Return this form to any of the following:

- Poteau: Hemphill Hall – HH102
- Sallisaw: Mayo – 8002
- Email: financialaid@carlalbert.edu
- Fax: 918-647-1227

Maximum Timeframe (MT) Appeal Form

| | |
|--|----------------|
| Student Name: | Student ID#: |
| Phone Number: | Date of Birth: |
| Submitting Appeal for: Term: (mark only one) <input type="checkbox"/> Fall 20__ <input type="checkbox"/> Spring 20__ <input type="checkbox"/> Summer 20__ | |
| Degree/Major: | |

Please complete the following:

| Academic Information | | | |
|--|---|--|---------------------------------|
| | Mark Your Answer | | |
| I have previously earned the following academic credentials from CASC or other colleges, universities, technical schools, or trade schools. (check all that apply) | <input type="checkbox"/> Certificate | <input type="checkbox"/> Bachelor's Degree | |
| | <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Master's Degree | |
| | <input type="checkbox"/> None | | |
| I have turned in <i>all</i> previous college transcripts to the Admissions Office. (if applicable) | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| I am meeting the GPA requirement of the SAP Policy. (0-30hrs: 1.7 or 30+hrs: 2.0) | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Unsure |
| I am meeting the Pace requirement of the SAP Policy. (67% of all attempted hours) | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Unsure |

To be considered for an appeal, you must:

- Attach a **statement (typed, signed, and dated)** that includes responses to both of the following questions:
 1. **Why have you exceeded the maximum number of hours?**
 - If you changed your major or are pursuing an additional degree, explain why.
 2. **What do you plan to pursue if granted this appeal?**

Your appeal will be reviewed by a committee on the next scheduled appeal date and you will be notified of the committee's decision through your CASC email account.

By signing below, you are certifying that everything submitted is true and complete to the best of your knowledge. Should the committee find anything provided in support of your appeal to be inaccurate, then your appeal will be automatically denied.

Student's Signature (cannot be typed)

Date