



Revised: 2/26/20

# Office of Student Financial Aid & Scholarships

OFFICE USE ONLY

## Maximum Time Frame Appeal

Student Name: \_\_\_\_\_ NSHE ID: \_\_\_\_\_

Before submitting this form, please review the University's Satisfactory Academic Progress policy at <https://www.unr.edu/financial-aid/satisfactory-academic-progress>

### SECTION 1: INSTRUCTIONS

Students who have reached their Maximum Time Frame must submit this form in order to be considered for financial aid thereafter. Maximum Time Frame Appeals may only be evaluated for **ONE** (1) major/degree program and, if a minor is required by the major/degree program, **ONE** (1) minor.

If approved, your expected graduation term outlined in your attached plan of study will not be extended.

### SECTION 2: APPEAL TYPE

Select one (1) of the following:

- New Appeal:** I am submitting a Maximum Time Frame Appeal for the first time for my current degree program.
- Updated Plan of Study:** I am submitting an updated Maximum Time Frame Appeal that reflects changes to my originally approved Plan of Study. I understand that my originally-approved graduation term will not be extended.
- Denied Appeal:** My previously approved Maximum Time Frame Appeal was denied due to non-compliance with the terms of my approval.
- Additional Required Documentation:** You must provide a *signed written statement* that explains why you did not comply with the terms of your appeal approval AND *supporting documentation* to verify your statement.

### SECTION 3: STUDENT CERTIFICATION

I have read and understand the University's Satisfactory Academic Progress policy (available online at <https://www.unr.edu/financial-aid/satisfactory-academic-progress>) as well as all information on this form. I certify that the information I have provided is accurate and complete. I understand that an incomplete request will not be processed. I have attached all appropriate documentation and I understand that my appeal will be evaluated based on that documentation. Any false information may be cause for denial, reduction, and/or immediate repayment of all aid.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Date: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved  Pending  Denied

**CONTACT US** Phone: 775-784-4666 Fax: 775-784-1025 E-mail: [sap@unr.edu](mailto:sap@unr.edu) Location: 3rd Floor, Fitzgerald Student Services Bldg.



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SECTION 4: PLAN OF STUDY

Complete this section with your academic advisor - one (1) major/degree program and one (1) required minor only.

Major/Program Name: \_\_\_\_\_

Required Minor (if applicable): \_\_\_\_\_

Expected Graduation Term: \_\_\_\_\_

Table with 6 columns: Term #, Term #, Term #, Term #, Term #, Term #. Each column contains checkboxes for Fall, Spring, Summer and a Year field, followed by rows for Course 1-6 with Credits.

SECTION 5: ACADEMIC ADVISOR CERTIFICATION

By signing below, I certify that the courses listed above, including credit values, are required for degree completion and that the student's Academic Advisement Report (AAR) will match prior to graduation. Successful completion of this coursework will fulfill all degree requirements by the end of the Expected Graduation Term listed above.

Advisor Name: \_\_\_\_\_ Advisor Email: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_