



Office of Financial Aid  
MAXIMUM HOURS APPEAL

Name \_\_\_\_\_ Bear # \_\_\_\_\_

What semester(s) are you requesting reinstatement? \_\_\_\_\_

The maximum hour's violation is the result of attempting at least 150% of the credit hours required for degree completion.

***Your academic advisor must complete and sign this section.***

**Undergraduate Program**

Indicate the number of credit hours remaining in:

- \_\_\_\_\_ *First major*
- \_\_\_\_\_ *Second Major (if applicable)*
- \_\_\_\_\_ *Second Bachelor's Degree*

Projected Graduation Date (*Term/Year*): \_\_\_\_\_ / \_\_\_\_\_

Comments (Please provide comments on what has contributed to extended time in degree completion):

\_\_\_\_\_  
Advisor/Department Administrator (Print Name and Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor/Department Administrator contact info (email and/or phone)

**Graduate Program**

Indicate the number of credit hours remaining:

- \_\_\_\_\_ Masters
- \_\_\_\_\_ Masters with certification
- \_\_\_\_\_ Double major with or without background
- \_\_\_\_\_ Double major with certification
- \_\_\_\_\_ Doctoral Program
- \_\_\_\_\_ Teacher Certification
- \_\_\_\_\_ Specialist
- \_\_\_\_\_ Other: \_\_\_\_\_

Projected Graduation Date (*Term/Year*): \_\_\_\_\_ / \_\_\_\_\_

Comments (Please provide comments on what has contributed to extended time in degree completion):

\_\_\_\_\_  
Advisor/Department Administrator (Print Name and Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor/Department Administrator contact info (email and/or phone)