



Office of Financial Aid (OFA)
Max Hour Appeal Form

Student Name: _____ Bear ID #: _____

Submit this form if you are appealing for financial aid because you are close to or exceeding the maximum allowed credit hours to complete your degree at UNC.

Work with your academic advisor to complete your Degree Completion Plan below. Only courses required to complete your degree(s) and required minor (if applicable) should be listed. Your academic advisor must certify and sign your plan. You must then sign the student acknowledgement and submit the completed form as an “upload” to your Max Hour Appeal.

Degree Type: _____

Major(s): _____

Minor(s) (if applicable): _____

Expected Date of Graduation (Month/Year): _____

The Number of Credit Hours Remaining for Degree(s) (as of the current semester): _____

Degree Completion Plan

Semester 1 (current) and Year:		
Course Title	Course #	Credits
Example: Principles of Psychology	PSY 120	3
Total Credits:		

Semester 2 and Year:		
Course Title	Course #	Credits
Total Credits:		

Semester 3 and Year:		
Course Title	Course #	Credits
Total Credits:		

Semester 4 and Year:		
Course Title	Course #	Credits
Total Credits:		

Semester 5 and Year:		
Course Title	Course #	Credits
Total Credits:		

Semester 6 and Year:		
Course Title	Course #	Credits
Total Credits:		

I, the academic advisor, certify that:

- The courses listed in this plan are necessary to fulfill this student's UNC graduation requirements and I have confirmed this in Degree Works.
- Any course substitutions for the student's program have been submitted to the Registrar's Office for approval and processing.
- If any additional course substitutions for the student's program are needed after this form is approved by OFA, I will submit the required form(s) to the Registrar's Office prior to the term which is affected by these substitutions.
- I understand that any late course substitutions may affect the student remaining eligible for financial aid.

Name of Academic Advisor (please print)

Department _____ Phone Number _____

Academic Advisor Signature _____ Date _____

To be eligible for financial aid, I, the student, understand that:

- I must only register for courses listed on this form.
- I will keep a copy of this form to use during registration for every upcoming semester until I have earned my degree(s).
- I am responsible for contacting my advisor and OFA if I add or drop any courses after my appeal is approved to verify if my schedule changes are financial aid eligible and if this plan must be updated.

Student Signature _____ Date _____