



Office of Financial Aid Appeal Form **MAXIMUM HOURS**

Name _____ Bear # _____

Current Phone: _____ Bear Email Address (required) _____@bears.unco.edu

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. A successful appeal will include a detailed explanation of why you have exceeded the program limits and a plan of when the program will be completed. Appeals must be received by the Office of Financial Aid at least three weeks prior to the end of the requested semester. Requests to reinstate aid for a semester that has ended cannot be honored. The following guidelines should be used when completing this appeal:

- 1. On a separate page (must be in a computer formatted document e.g. Microsoft Word),** put in your own words the circumstances causing you to have exceeded the allowable number of credits for your degree. *Please include your Name, Bear ID and signature on this separate page.*
- 2. Complete, with required signatures, the attached Program Status Form (page 2).** Signature from Advisor required!

I attest the information submitted with this appeal form is correct and accurate. I understand that incomplete appeals will not be reviewed.

X _____
Student Signature _____ Date _____

Carter 1005, Campus Box 33, Greeley, CO 80639

Phone: (970) 351-2502 Fax: (970) 351-3737 Email: ofa@unco.edu

-----For office use only-----

Counselor OUT	_____	_____	Counselor IN	_____	_____
	Initials	Date		Initials	Date

Undergraduate 180 Graduate MA 75 Graduate Specialist 100 Graduate PhD 140
_____ Exceeded Maximum Allowable No Report Grades (NRs); graduate students only: (MA 15, Specialist 20, PhD 30)

Staff Comments:

RESULTS

Pending: _____

Approved: _____ Funding approved through _____

Denied: _____

Committee Initials: _____ Email Sent: _____

Name _____ Bear # _____

Program Status Form

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)