

801 Campus Drive Garden City, Kansas 67846 www.gcccks.edu

## Appeal Form for Extension Beyond 150% of Program Length

Name:	Student ID:	
Email:	Phone:	
Mailing Address:		
Students who have exceeded the maximum time frame for their de a degree may (under limited circumstances) file this appeal for f courses required to complete the student's program of study will be	ederal aid reinstatement. Upon approval, only	
<ul> <li><u>Maximum Time Frame</u>: Federal law requires colleges received academic progress standards based on federal regulations. The degree (or certificate) within a maximum number of attempted a complete a 60-credit hour program within 90 credit hours (student has not received an associate degree after attempting certificate program length), the student is ineligible for federal for received financial aid for any/all of those semesters.</li> </ul>	ese regulations require students to complete a hours. At GCCC a student is expected to or 150% of their program length). If a 90 credit hours (or within 150% of their	
<ul> <li><u>Degree Completion</u>: Students who have already attained a only under limited conditions. A second major does not nece the student is returning to receive another major within the orig AGS) the student <u>cannot</u> receive additional Title IV aid for those Applied Science (AAS) degree at GCCC.</li> </ul>	issarily mean a new degree or certificate. If inal associate degree program (AS, AA or	
<u>Checklist:</u> Appeals will be reviewed only if all relevant in	formation is submitted:	
☐ This form completed, signed and submitted to the Financia	l Aid Office.	
The advisor form/letter (see reverse) completed, signed, and submitted to the Financial Aid Office. It must list the required courses needed to complete your program at GCCC and must be signed by both you and your advisor.		
A typed and signed statement explaining the reason(s) you courses beyond your degree completion or 150% of your program that interfered with the timely completion of your program. Inclutaking to successfully complete the required courses for your dus when and why you changed your major.	am length. Cite any unusual circumstances ude career goals and specific steps you are	
Provide documentation to support your statement (e.g., me have no support documentation must provide a signed letter from appeal.	edical or court documents, etc.) Students who om a professional person to support their	
All final, official transcripts from any institution you attended the Records Office.	d (college and high school) must be on file with	
Student Signature – I have read and understand the above information		

IMPORTANT: Students will be notified in writing by first-class mail and to their official GCCC email account of the decision regarding this appeal. Appeals are not guaranteed.

## Advisor Form/Letter for Extension Beyond 150% of Program Length

The student requesting this appeal has either reached his/her maximum number of hours as a student in his/her program of study or is working on a new program of study. The student is ineligible for financial aid in future semesters unless they file a successful appeal. The student's advisor should:

- Conduct a degree evaluation and submit this completed Advisor Form/Letter. It must detail the
  specific coursework the student will take until his or her program of study is completed. List <u>all</u>
  remaining <u>required</u> courses for degree or certificate completion.
- 2. Sign and date below. If you have any questions about this form or the instructions, call the Financial Aid Office at 620-276-9519 or email finaid@gcccks.edu. Thank you for your assistance.

One of the categories below MUST be marked for the program/major\* listed on the student's appeal form:

\*Must match active program on GCCC Registrar's records\*

The stu	ident plans to (please mark one):			
	Complete an AA, AS, AGS or AAS: JDAT.AAS)		(list program area, e.g., BSAD.AS or	
	Complete a certificate at GCCC:MGMK.CERT)		_ (list name of certificate, e.g., PN.CERT or	
Total number of credit hours still needed to complete the above program:				
Please list credits/courses still required below:				
Cr. Hrs	. Required Coursework	Cr. Hrs.	Required Coursework	
Original Revised (include reason for revision:)				
Advisor Name: (please print)				
Advisor Signature – I have read and understand the above information.  Date				
Studen	t Signature - Acknowledges receipt of a copy of this c	lan.	Date	

IMPORTANT: Students whose appeals are approved must meet minimum Satisfactory Academic Progress (SAP) requirements for pace (67%) and GPA (minimum 2.0) to remain eligible for federal aid.