



## SAP APPEAL – MAXIMUM TIME FRAME

Students who have been disqualified from receiving financial aid due to exceeding the 150% maximum time frame may appeal that decision by completing this SAP Maximum Time Frame Appeal. Your appeal must contain a description of the ***extenuating circumstances which led to the need for you to exceed the 150% limit without completing your program, as well as a Timetable of Remaining Coursework for Program Completion***. Incomplete appeals will delay the decision.

Do not complete this appeal if the reason you exceeded the Maximum Timeframe is due to additional coursework that is required for your program (that is not listed in the minimum number of units for your program/units required of ***all students*** in your program). Instead, you should complete the SAP Recalculation Request form, which is available on the Forms section of our website at <http://www.usk.edu>.

**Note: Taking pre-requisite courses for admission into your program is not considered an extraordinary circumstance.**

### APPEAL REQUIREMENTS

***Undergraduate / Bachelor Degree candidates: Appeal Requirements***

1. Signed and completed SAP Maximum Time Frame Appeal Form, which includes a description of the extenuating circumstances that caused you to exceed the Maximum Timeframe for your program (examples: illness, injury, etc.), as well as the steps you have taken to address the circumstances (using a tutor, medical assistance, counseling, etc.).
2. Completed Timetable of Remaining Coursework for Program Completion (part 2 of this form) indicating the coursework needed & terms you will complete it in.

### APPEAL GUIDELINES

- Before completing and submitting this appeal, review the SAP Standards for the Receipt of Financial Aid to ensure you have met the necessary requirements. Lack of knowledge of the SAP Standards will not be grounds for the approval of an appeal.
- Be specific when explaining your circumstances. Lack of information will result in a delay of an appeal review, or may result in a denial of your appeal. If there were problems in your physical or mental health that played a role in your circumstances, please attach supporting documentation from a doctor, counselor, or hospital (if no documentation is available, be sure to explain in the appeal).
- Do not discuss your need for financial aid in your appeal, as this is not a valid reason for approval of an appeal.
- Complete all items on the appeal form. Incomplete appeals will delay decisions; the appeal form is 2 pages (not including this cover sheet). If you have questions about completing the appeal form, please contact the Office of Financial Aid.

### APPEAL PROCEDURE

- Submit your appeal to the Office of Financial Aid. Appeals are due within four (4) weeks of the date of your ineligibility notification – but no later than thirty days prior to the end of the semester. Late submissions may jeopardize your financial aid.
- Appeals are evaluated by the SAP Appeals Committee within three weeks of receipt of the completed appeal.
- In some instances, appeal decisions may not be finalized prior to the start of classes; you should plan on making payment arrangements with Student Accounts to avoid the risk of class cancellation.
- If you remain enrolled in your courses once the semester begins, you will be responsible for payment of your fees – regardless of whether or not your appeal is approved.
- If your appeal is approved, any extension of financial aid eligibility will be limited to only those courses that are required to complete your academic program or degree.

**Please note that filing a SAP Appeal does not guarantee continued eligibility for Financial Aid**

Name: \_\_\_\_\_

USK ID \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**Number: SAP APPEAL – MAXIMUM TIME FRAME**

Complete all sections of this appeal form to appeal your financial aid ineligibility. Failure to complete all sections or to submit all documentation will result in a delay in the decision of your appeal. Before completing and submitting this appeal, review the SAP Standards for the Receipt of Financial Aid to ensure you have met the necessary requirements. Lack of knowledge of the SAP Standards will not be grounds for the approval of an appeal.

**Procedures:**

1. Complete Steps 1 – 4 of this form,
2. Submit this form and any other documentation, to USK’s Office of Financial Aid.
3. Review of Appeals may take up to three weeks. You will be notified via email of the decision of the Appeals Committee.

If your appeal is approved, you will be expected to adhere to your Timetable for Program Completion.

**STEP 1: YOUR CURRENT ACADEMIC INFORMATION**

Degree Objective:                      *Bachelor’s*                      *2<sup>nd</sup> Bachelor’s*

Declared Major: \_\_\_\_\_

Number of Units Remaining to Complete Degree: \_\_\_\_\_                      Expected Graduation Semester: \_\_\_\_\_

**Step 2: REASON FOR NOT MEETING SAP STANDARDS**

Indicate the extenuating circumstances that have caused you to exceed the Maximum Timeframe for your program (examples include: illness, injury, etc.). Attach additional pages if needed.

**Step 3: EXPLANATION OF STEPS FOR FUTURE SUCCESS**

Describe the steps you have taken to address the above circumstance(s) – and ensure that you will be able to follow the attached timetable of remaining coursework for program completion. Attach additional pages if needed.

Name: \_\_\_\_\_

SKC ID Number: \_\_\_\_\_

**STEP 4: TIMETABLE OF REMAINING COURSEWORK FOR PROGRAM COMPLETION**

All Students submitting a Maximum Time Frame Appeal must also submit this timetable, indicating all remaining required courses in their academic program. Any extension of financial aid eligibility will be limited to only those courses that are required to complete your academic plan/degree.

<i>Term (Fall, Spring, Summer)</i>	<i>Year</i>	<i>Name of Course</i>	<i>Number of Units</i>	<i>Required for Program/Degree</i>

**Total Number of Units Remaining for Program/Degree Completion:** \_\_\_\_\_

**STEP 5: STUDENT STATEMENT AND SIGNATURE**

I understand that I am requesting an appeal for continued financial aid eligibility. The timetable outlined above is for the **required coursework** for completion of my current program. I understand that any deviation from the above may result in my being disqualified from receiving any further financial aid.

By signing this document, I authorize the Office of Financial Aid at University of Saint Katherine to verify any of the information submitted.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Return This Form and Supporting Documentation:**

**By Mail:**  
 University of Saint Katherine  
 1637 Capalina Road  
 San Marcos, CA 92069

**By FAX:**  
 760.471.1314  
*Be sure to indicate "Attention Financial Aid"*

**In Person:**  
 Office of Financial Aid  
 University of Saint Katherine  
 1637 Capalina Road  
 San Marcos, CA 92069