



Office Use Only  
APPEAL

### Financial Aid Excessive Hours/Time Frame Appeal

Undergraduate 150% of the number of credit hours to complete degree  
Graduate 6 years from the admission date to their respective program  
Doctoral 10 years from the admission date to their respective program

Office of Financial Aid and Scholarships

P.O. Box 3011 Commerce, Texas Phone: 903.886.5096 Fax: 903.886.5098

[FAO.Appeals@tamuc.edu](mailto:FAO.Appeals@tamuc.edu)

STUDENT NAME \_\_\_\_\_

CWID \_\_\_\_\_

Check Current Classification: Undergraduate Graduate Doctoral

I am requesting my appeal to be reviewed for the following term:

	<b>SUMMER 2018</b>	<b>FALL 2018</b>	<b>SPRING 2019</b>	<b>SUMMER 2019</b>
<i>Appeal Deadline</i>	<i>June 1, 2018</i>	<i>August 17, 2018</i>	<i>January 11, 2019</i>	<i>May 31, 2019</i>

Explain what circumstance(s) have prevented you from receiving your degree in the allowable time frame.

**This section is to be completed by your Academic Advisor:**

Student's Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Is the student making reasonable progress towards completing his/her degree? \_\_\_\_\_

How many hours remain before the student can receive his/her degree? \_\_\_\_\_

What is the expected graduation date? \_\_\_\_\_

**Schedule of Remaining Coursework (use additional paper if necessary)**

Semester/Year				
Course/Credit Hrs				
Course/Credit Hrs				
Course/Credit Hrs				
Course/Credit Hrs				
Course/Credit Hrs				
Course/Credit Hrs				
Course/Credit Hrs				

Academic Advisor Name (Please Print) \_\_\_\_\_

College \_\_\_\_\_

Academic Advisor Telephone \_\_\_\_\_

Academic Advisor Email \_\_\_\_\_

Academic Advisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_