Phone: (623) 935-8888
FAX: (623) 935-8871

Financial Aid Office
finaid@estrellamountain.edu

MAXIMUM TIMEFRAME APPEAL FORM

Student Name_____ SSN#(last 4) xxx-xx-_____ Student ID#_____

I am requesting Financial Aid for: ☐ Fall OR ☐ Spring OR ☐ Summer Year: 20____

According to Satisfactory Academic Progress guidelines, you are on financial aid suspension. You may appeal by completing this form with a "Restricted Course List" (RCL), evaluated transcripts, and program check sheets to the Financial Aid Office. Incomplete forms will be rejected. **Notification of the committee's decision will be delivered to your Student Center. Please allow 7-10 business days for processing (may take longer during peak processing periods). All Committee decisions are final.**

Students may request to have their timeframe extended under the following circumstances:

- ☐ Program of study has changed from _____ to _____
- ☐ I am changing the current "Approved" RCL on file.
- ☐ I have transferred hours that do not apply to my program of study.
- ☐ I have attempted 150% or more of the credits required for my degree/certificate.
- ☐ I have earned a Bachelor's Degree (or higher) and am pursuing another Degree or Certificate.

In order to be considered for federal financial aid, you must provide a detailed explanation as to: why you have earned more credits than your degree/certificate program requires; why you have changed your program of study; requesting to change the current RCL on file; or, if you already have a degree, why you are taking additional coursework: _____

_____

_____

_____

_____

_____

_____

_____

Student Signature: _____ Date: _____

THIS SECTION - OFFICE USE ONLY

☐ Approved Notes/comments: _____

_____

☐ RCL approved with modifications: _____

_____

☐ Denied Reason denied: _____

Date reviewed by Committee: _____ Committee Initials: _____

E S T R E L L A ▲ M O U N T A I N ▲ C O M M U N I T Y ▲ C O L L E G E

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RESTRICTED COURSE LIST (RCL)

Student Name_____ SSN#(last 4) xxx-xx-_____ Student ID#_____ Program _____

I am requesting Financial Aid for: ☐ Fall OR ☐ Spring OR ☐ Summer Year: 20____

INSTRUCTIONS: Meet with an EMCC Academic Advisor and list courses needed to complete the indicated program. List courses in progress only if they are required for the indicated program. Attach copies of **ALL** evaluated academic transcripts and **evaluated EMCC program check sheet** *(or University program check sheets if requesting coursework to enroll in an eligible program)* **for program indicated above.** When completing this form, please be complete and accurate.

NEEDED or IN PROGRESS: Only these courses may be used to maintain and /or reinstate Financial Aid eligibility.

Advising Notes	Course #	Credits	Financial Aid Notes

TOTAL HOURS TO BE COMPLETED _____

BE AWARE

Your signature below acknowledges that you have READ and UNDERSTAND the following restrictions: *ADDITIONAL*, *SUBSTITUTED* or *REPEATED* classes will **NOT** be funded *UNLESS* an ADDENDUM is FILED **and** APPROVED prior to the end of the affected term. You will not be funded for courses other than those listed and approved on this form. If you receive funds for classes other than those listed and approved on this form, your award may be reduced or cancelled, and/or you may be Suspended from any further Financial Aid. Only these courses may be used to maintain and/or reinstate Financial Aid eligibility.

_____ _____ _____ _____
Student Signature Date EMCC Advisor Signature Date

The Maricopa County Community College District (MCCCD) is an EEO/AA institution and does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity, age, disability, or national origin in their programs or activities. For Title IX/504 concerns, call the following number to reach the appointed coordinator: (480) 731-8499. For additional information visit: http://www.maricopa.edu/non-discrimination.