MAXIMUM CREDIT APPEAL

Financial Aid Office
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1600 S. 25th E. Idaho Falls, Idaho 83404

First Name	Last Name	SSN/Student ID	Phone Number

Policy

Students must be able to complete their declared degree/certificate program within 150% of the published number of credit hours required to complete the program. For example, if the published length of an Associate of Applied Science degree is 64 credit hours; students must be able to complete their program within 96 attempted credit hours.

The maximum credit calculation is performed as follows:

All CEI credit hours attempted in a declared degree/certificate program (including repeated credits) plus all transfer credit hours accepted by CEI, as both attempted and completed credits, count towards the maximum credit calculation. The total number of credits will be used to determine progress towards the declared degree/certificate.

Students may change their declared degree/certificate program however; all attempted credits that are required towards the new declared degree/certificate will be counted towards the maximum credit calculation.

What are your reasons for reaching the maximum credits for your degree/certificate?

Attach a statement including the following:

- Why you have exceeded the maximum number of credits for your program.
- What has changed that will allow you to complete your degree/certificate within the time frame indicated on this appeal.
- How many semesters you will need to complete your degree and receive Financial Aid.
- Please attach a copy of your degree audit.

Outline the classes you intend on taking to complete your degree below.

Semester	Year	Course Number	Course Title	Credits

Student Certification

I certify that all statements in this appeal and all verification documents submitted are true and accurate. I understand that I must provide verification of statements I have made. I agree to the terms of the appeal process and understand that if documentation is not attached or sufficient, or this appeal is not signed, it will be returned as incomplete.

_____ _____

Student Signature **Date**

_____ _____

Academic Advisor Signature **Date**

OFFICE USE ONLY

Financial Aid Committee Members Initials: Approved: _____ Denied: _____

Financial Aid Processing Officer Initials: Initials: _____ Date: _____

Met With Financial Aid Committee: _____