



# MAXIMUM CREDIT APPEAL

**Financial Aid Office**  
**Phone: (208) 524-3000**  
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[financial.aid@cei.edu](mailto:financial.aid@cei.edu)  
**1600 S. 25<sup>th</sup> E. Idaho Falls, Idaho 83404**

First Name	Last Name	Student ID	Last 4 SSN	Phone Number
			XXX-XX	

**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.

**Outline the classes you intend on taking to complete your degree below. Please attach a copy of your degree audit.**

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.

**WARNING: If you purposely provide false or misleading information, you may be subject to a fine, imprisonment, or both.**

\_\_\_\_\_

**Student Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Academic Advisor Signature**

\_\_\_\_\_

**Date**

OFFICE USE ONLY	Appeal Committee Members Initials: _____	Approved: _____	Denied: _____
	Appeal Committee Members Initials: _____	Approved: _____	Denied: _____
	Appeal Committee Members Initials: _____	Approved: _____	Denied: _____
Comments:	Financial Aid Processing Officer: Approved: _____ Denied: _____ Initials: _____ Date: _____		