

INSTRUCTIONS FOR COMPLETING THE FINANCIAL AID MAXIMUM CREDIT APPEAL

Your financial aid eligibility is limited to a maximum number of credits attempted based on your current degree or certificate. Your financial aid eligibility is denied because you have now reached or exceeded the maximum number of credits allowed. The attached form is to be completed if you wish to request your circumstances be considered to reinstate your financial aid.

DEADLINE TO SUBMIT APPEAL

- Appeals must be complete and submitted by the Friday of the Midterm week for full-semester courses. If enrolled in the Summer semester or Block courses, appeals are due Friday of the midpoint of the course(s) of the semester enrolled. **Incomplete appeals will not be reviewed.**

BEFORE SUBMITTING YOUR APPEAL

- **Complete your FAFSA:** Complete a Free Application for Federal Student Aid (FAFSA) for the semester you are requesting reinstatement of financial aid. <https://studentaid.gov/>.
- You must be an admitted, degree-seeking student at the College of Eastern Idaho.
- You must be registered for the semester you are requesting reinstatement of financial aid.

SUBMITTING YOUR APPEAL

- **Complete all sections of the appeal form.**
- **Provide an Explanation:** Complete Section 2; provide an explanation or attach a signed detailed letter of explanation (preferably typed). Provide documentation to support your appeal.
- **Complete the Degree Plan:** Meet with an Academic Advisor or Faculty Mentor (formerly Faculty Advisor) to complete the Degree Plan for all remaining semesters to complete your degree or certificate objective. The Degree Plan must be signed and approved by your advisor. You may schedule an appointment to meet with an Academic Advisor by calling 208-524-3000 option 2.
- **Register for classes:** You must be registered for the advisor-approved courses listed on the Degree Plan for the semester you are requesting financial aid reinstatement.
- **Submit Appeal:** Return your completed appeal form, statement and documentation to: Financial Aid Office, College of Eastern Idaho, 1600 S. 25th E., Idaho Falls, ID 83404 Fax: (208)525-7026, Email: financial.aid@cei.edu.

AFTER YOU SUBMIT YOUR APPEAL

- **Committee Review:** A committee reviews your appeal; notification of the decision will be sent to your CEI email.
- **Appeal Approval:** If your appeal is approved, your financial aid eligibility will be reinstated for the semester you are appealing. ***The committee may restrict your schedule, make recommendations or requirements. You cannot change your approved schedule after the last day to add or drop classes.*** If your appeal is approved, we will continue processing your financial aid. Appeals submitted and approved after the Priority Deadline may have to wait until after Attendance Verification is complete before aid will be disbursed. Financial aid funds will be available to you based on the disbursement schedule of the College of Eastern Idaho.
- **Appeal Denial:** If your appeal is denied in review, you have the option to schedule an appointment with the Appeal Committee, for an opportunity to explain your appeal further and to submit any additional documentation. The decision of the Appeal Committee is final.
- **Withdrawing:** Withdrawing from any or all courses will result in future denial of aid eligibility.
- **Responsibility:** You are responsible for meeting all the Satisfactory Academic Progress Policy (SAP) requirements. You will be denied future financial aid if you do not meet all SAP requirements at the conclusion of the semester.
- **SAP Policy:** <https://cei.edu/satisfactory-academic-progress>



MAXIMUM CREDIT APPEAL 2026-2027

Financial Aid Office
Phone: (208) 524-3000 Option 7
Toll Free: 1-800-662-0261
Fax: (208) 525-7026
financial.aid@cei.edu
1600 S. 25th E. Idaho Falls, Idaho 83404

First Name	Last Name	Student ID	Last 4 of SSN	Phone Number

You have been denied financial aid because you have not met the financial aid Satisfactory Academic Progress requirements. To evaluate if your federal financial aid can be reinstated, the Financial Aid Office must verify the number of credits, course requirements and cumulative GPA you need to be compliant for the stated degree or certificate.

Policy: Students must be able to complete their declared degree or 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 determine progress toward the declared degree or certificate. Students may change their declared degree or certificate program; however, all attempted credits required towards the new declared degree or certificate will count towards the maximum credit calculation.

Section 1: Provide the following information. Must print to sign:

Which semester are you requesting for financial aid reinstatement? (Mark Only One):

Fall Semester 2026 _____ Spring Semester 2027 _____ Summer Semester 2027 _____

Student Certification:

I certify that all statements in this appeal and all documentation submitted are true and accurate. I understand that I may be asked to provide additional documentation if needed. I understand that providing false information could result in denial, reduction, and/or require immediate repayment of financial aid. I agree with 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.

If my appeal is approved, I agree to complete and pass all courses outlined on my advisor-approved degree plan, for the semester I registered for with a 2.0 semester GPA, in accordance with Financial Aid Satisfactory Academic Progress Policy. I understand I cannot change the approved Degree Plan or approved class schedule without the approval from the CEI Financial Aid Office and my Academic Advisor. **I understand the final semester listed on the degree plan is the last semester I can receive aid for this degree or certificate.**

I understand withdrawing from courses will be considered failing to meet my approved appeal terms and will result in the suspension of future financial aid eligibility. I understand if, at the conclusion of the semester, I have met the terms of my current approved appeal but still do not meet the overall Satisfactory Academic Progress requirements, I will be required to appeal again to have my progress evaluated.

Print to sign. Electronic signatures will not be accepted.

Student Signature _____ Date _____

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

Financial Aid Office Use only	Received By:	Date Received:	Documentation Received ☐
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Provide a statement including the following:

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



MAXIMUM CREDIT APPEAL
Degree Plan 2026-2027

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1600 S. 25th E. Idaho Falls, Idaho 83404

First Name	Last Name	Student ID	Last 4 of SSN	Phone Number

Student Instructions:

Meet with an Academic Advisor or Faculty Mentor (formerly Faculty Advisor) to complete your degree plan below. **Identify only the course(s) required for your degree** and the semester during which you will take each course until you graduate or complete your certificate. You may schedule an appointment to meet with an advisor by calling 208-524-3000 Ext. 2.

What is your current degree or certificate objective (i.e. Business A.A.) _____

Anticipated graduation date? (Month/Year) _____

Semester	Year	Course Number	Course Title	Credits

Attach additional pages if necessary.

Academic Advisor or Faculty Mentor Instructions:

After this plan is complete, please review and sign it verifying you approve the course schedule and all courses listed are required for the student to graduate. Print and attach a copy of the Academic Evaluation (EVAL): ☐

I have met with this student and verify the classes listed above are needed to graduate in the identified objective.

Advisor Name (print): _____ Phone: _____

Advisor Signature: _____ Date: _____

Office Use Only	Registrar Signature of Approval:		Date:
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Please return this completed form to the CEI Financial Aid Office.