

Maximum Credit Hour Appeal

Name _____ Student ID Number _____

What is your current declared degree or certificate? _____

Name of Major Advisor: _____

What is your anticipated graduation date? _____

Progress Toward a Degree or Certificate

Each financial aid recipient must be admitted to the College as a degree or certificate seeking student. Financial aid eligibility will be limited to a total number of credits that have been attempted. The limit on credit hours attempted will be based on a student's degree or certificate objective. When a maximum number of credits attempted has been reached, the student will be denied further financial aid. The following chart indicates the required credits needed to complete a degree and/or certificate and the point where an appeal for further aid must be made.

<u>Degree or Certificate Objective</u>	<u>Required Credits</u>	<u>Point of Appeal</u>
1. Associate of Arts Degree	64	80
2. Associate of Science Degree	64	80
3. Associate of Engineering Degree	64	80
4. Associate of Applied Science Degree	64	80
5. Technical Certificate	28-51	35-64
6. Associate of Science-Nursing	71	90

Please provide a statement explaining the reason(s) you have exceeded the maximum number of credit hours allowed for your degree program.

Last Name

First Name

M.I.

Student ID#

The Student Financial Aid office will follow this plan charted by your major advisor. Plan ahead as your major advisor may not be available during certain times. If your major advisor is unavailable, you may contact the Department Chair for your declared major. To make an appointment, contact can be made by e-mail or phone. Visit the program website at www.csi.edu/coursesandprograms to access your major advisor and department chairs' contact information. Your financial aid will be withheld or modified on any class schedule that does not follow this plan. Please list your plan to complete your degree or certificate at the CSI.

Semester _____		
Course #	Class name	# of Credits

Semester _____		
Course #	Class name	# of Credits

Semester _____		
Course #	Class name	# of Credits

Semester _____		
Course #	Class name	# of Credits

Semester _____		
Course #	Class name	# of Credits

Semester _____		
Course #	Class name	# of Credits

I certify that this student's program, outlined above, includes only the classes needed for the CSI major program for which I advise.

Major Advisor Signature

Date

I acknowledge that it is my responsibility to be aware of all the CSI deadlines. I am responsible for making tuition payment arrangements in full, on time, regardless of financial aid or this appeal form. Failure to pay my tuition and/or fees may result in additional fees as well as my classes being dropped. I am responsible for any late fees or charges I incur as a result of not paying my tuition in full or on time. I am also responsible for getting my classes reinstated.

Student Signature

Date

-Office Use Only-

Maximum Major Appeal: _____ Approved _____ Denied

Financial Aid Advisor

Date