Maximum Time Frame Appeal Form

SOUTH SUBURBAN COLLEGE

Revised 04/22/26

Office of Financial Aid • 15800 S. State St. South Holland, IL 60473 • (708) 596-2000, ext. 5780

SEMESTER: FA___ SP____
(YEAR) (YEAR)

Last Name: _____ First Name: _____ Student ID: _____

Students who have exceeded the maximum time-frame for their program of study and have not achieved their degree will be placed on disqualification (financial aid suspension) status. Students may appeal their maximum time-frame by submitting a Maximum Time Frame appeal. Maximum Time-Frame appeals are granted for ***one semester only*** and are **FINAL**. Extenuating circumstances that prevents the student from completing their Master Academic Plan (MAP) education plan will be considered (i.e. class canceled). The student must meet the following conditions:

- Have a cumulative 2.0 GPA **and**
- Complete two-thirds (66.67%) of their attempted credit hours

The appeal must include:

- Maximum Time Frame appeal form
- Copy of student degree audit
- Statement from Advisor confirming graduation date
- Statement explaining students circumstances and plans of program completion

A student whose maximum time-frame appeal is approved will be expected to:

- Complete 100% of all attempted credit hours (No Incompletes, Withdrawals, or F's)
- Submit a MAP education plan of all classes needed to complete degree program
- Enroll **only** in classes that are required for degree completion of program

If the maximum time-frame appeal is denied, you are **not** eligible for financial aid and your classes will **not be held**. It is your responsibility to either make payment arrangements, or to drop your classes. Appeal notifications are sent to the students SSC email.

By submitting and signing this form:

- ✓ I understand that my appeal is subject to approval by the committee.
- ✓ I acknowledge the information and documentation submitted as part of this appeal is true to the best of my knowledge and that submission of fraudulent documents may result in my APPEAL being denied.
- ✓ If my appeal is denied, I must make payment arrangements to keep my classes or I must drop my classes.

Maximum Time Frame Appeal

Name: _____ **ID:** _____

Email: _____ **Phone:** _____

Statement explaining your circumstances and plans for program completion. (Must be typed.)

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I certify that I have read and understand the Maximum Time Frame Appeal guidelines and agree to all stipulations thereof.

Signature: _____ **Date:** _____