



# Satisfactory Academic Progress Maximum Timeframe Appeal

## For Students on Maximum Timeframe Suspension

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Reason for Appeal \_\_\_\_\_

PLEASE READ BEFORE CONTINUING:

You have exceeded the maximum timeframe allowance in order to earn a degree at Kellogg Community College. If you are currently enrolled you will need to make arrangements to pay for your classes. If approved, your aid could take several more weeks to process depending on your circumstance. You will need to meet with an Academic Advisor prior to submitting this appeal. You may provide the following details on this form or in letter form:

Are you changing your program of Study or earning a second degree? Yes  or No

If you answered yes please explain why.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 1) What program are you currently pursuing? \_\_\_\_\_  
  - a. What is your expected graduation date? \_\_\_\_\_
- 2) How many credits have you currently attempted? \_\_\_\_\_
- 3) How many credits do you need to graduate? \_\_\_\_\_
- 4) What has contributed to you not being able to complete your program of study with in the allowable timeframe? Think about what circumstances/events occurred that prevented you from meeting the satisfactory academic progress maximum timeframe requirement.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) I have met with an Academic Advisor and have included a signed Academic Evaluation Plan with this appeal.

Yes  (***This is a requirement and must be submitted with the appeal. An appeal that is submitted without this documentation will be denied.***)

*To the best of my knowledge all the information on this form and supporting documents are accurate and complete. I acknowledge that if the form is incomplete I will receive a denial letter.*

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*Student's Signature*

*Today's Date*

**Submission Deadlines:** Fall -November 2<sup>nd</sup> ~ Spring - April 2<sup>nd</sup> ~ Summer - June 15<sup>th</sup>

**Below line is for Financial Aid Office to complete**

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Approved  Semester approved through \_\_\_\_\_ Denied

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*Financial Aid Officer*

*Date*

**Submit to:** Kellogg Community College Financial Aid Office  
450 North Avenue Battle Creek MI 49017 ~ 269-965-4123 ~ fax 269-966-4089  
Email: [finaid@kcc.edu](mailto:finaid@kcc.edu) ▪ Website: [www.kellogg.edu/financialaid](http://www.kellogg.edu/financialaid)