

Name \_\_\_\_\_ UV ID \_\_\_\_\_ Phone # \_\_\_\_\_

**All correspondence will be sent to your UVLink account.**

To be eligible for federal financial aid, a student may have attempted no more than 150% of the required credit hours for his/her degree program (approximately 90 credit hours for an Associate Degree or 180 credit hours for a Bachelor Degree). If you have attempted more than the maximum number of credit hours allowed by federal regulations, you must complete this form, requesting an exception to the Satisfactory Academic Progress (SAP) Policy. **Your Department Academic Advisor must verify all information on this form and sign below.**

**Degree being earned**                       Bachelor                       Associate

Please explain the reason(s) you have exceeded the maximum number of credit hours allowed for your degree program and have not yet graduated:

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List all classes you need to complete in order to graduate:

Semester \_\_\_\_\_ Year \_\_\_\_\_

Course Name	Course #	Credits
TOTAL		

Semester \_\_\_\_\_ Year \_\_\_\_\_

Course Name	Course #	Credits
TOTAL		

Semester \_\_\_\_\_ Year \_\_\_\_\_

Course Name	Course #	Credits
TOTAL		

Semester \_\_\_\_\_ Year \_\_\_\_\_

Course Name	Course #	Credits
TOTAL		

Semester \_\_\_\_\_ Year \_\_\_\_\_

Semester \_\_\_\_\_ Year \_\_\_\_\_

Course Name	Course #	Credits
TOTAL		

Course Name	Course #	Credits
TOTAL		

**Total # of remaining credit hours needed to complete degree** \_\_\_\_\_

**Expected Graduation date** \_\_\_\_\_

Advisor comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**STUDENT CERTIFICATION:**

I certify that the information given in this appeal is true and accurate. I understand that, if this appeal is approved, financial aid can be awarded only for the semesters indicated on this appeal. **I also understand that, in order to remain eligible for financial aid, I must follow the above schedule as closely as possible, and graduate by the expected graduation date within the total number of remaining credit hours listed above.**

\_\_\_\_\_  
 Student signature

\_\_\_\_\_  
 Date

**ADVISOR CERTIFICATION:**

I have reviewed this appeal and certify that all information listed above is true and accurate.

\_\_\_\_\_  
 Academic Advisor signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed name

\_\_\_\_\_  
 Extension

\_\_\_\_\_  
 Department

**OFFICE USE ONLY**

Approved

Denied

Initials \_\_\_\_\_ Date \_\_\_\_\_

Required program hours \_\_\_\_\_ X 1.5 = \_\_\_\_\_

Hours used \_\_\_\_\_ Hours remaining \_\_\_\_\_

Semester and Year							Total hours
Approved credit hours							

ROASTAT     RRAAREQ     RHACOMM     E-mail