

Office of Financial Aid & Scholarships Phone: (909) 869-3700

SAP Appeal Maximum Time Frame Academic Plan

Student Name:			
Bronco ID Number:			
This form is to be completed by the Ac	ademic Advisor, Depart	tment Chair or Dean only	
This student has exceeded the maximum number of atter Federal law states that the Maximum Time Frame a stude exceed 150% of the program's published length, measure	ent has to complete their program		
In order for the Office of Financial Aid & Scholarships to c be completed by you (the student's Academic Advisor) an		<u> </u>	
If the appeal is approved, aid will be offered only for the r	remaining units required for com	pletion of the student's degree.	
Deadlines for Submitting SAP Appeal and Maximum Tim	e Frame Academic Plan:		
 Appealing for Summer Term Eligibility: Appealing for Fall Term Eligibility: Appealing for Spring Term Eligibility: 	June 30 <i>(July 30 if attending 2n</i> November 1 April 1	nd 5 Week or 10 Week Sessions)	
Part I: Cur	rent Academic Information	ì	
Student's Current Degree Objective:			
Bachelor's 2 nd Bachelor's	Master's	Teaching Credential	
Declared Major:			
Number of Units Remaining to Complete Degree:	Expecte	Expected Graduation Date:	
Part II: Reason Student Exceed	ded the Maximum Number	of Attempted Units	

Please check the reason(s) the student has exceeded the maximum attempted units (defined as 150% of the published length of their program – measured in attempted units).

Change of Major Seeking Minor(s) Pursuing Multiple Majors

Repeating Coursework for a Passing Grade Excessive Transfer Units

Has the student had a change of major while at Cal Poly Pomona? Yes No

If yes, how many units from the student's **previous** declared major **are not** counting towards their **current** major?: _____

Was the student admitted to Cal Poly Pomona as a transfer student? Yes No

If yes, how many of the units earned prior to attending Cal Poly Pomona **are being used** to fulfill completion requirements for the student's degree at Cal Poly Pomona?: ______

Part III: Academic Plan for Financial Aid

Use the next page to provide a listing of **all remaining required courses** (including GE's) that must be completed by the student in order to complete their primary program. For each course, indicate the course name, course number, the number of units associated with the course, and the term the student is expected to enroll in the course.

If the student has electives that cannot be named please attach a list of electives the student can choose from.

Any extension of financial aid eligibility is limited to only those courses that are required to complete the student's current degree program (eligibility cannot be extended to allow for pursuit of minors or additional objectives).



Student Signature_

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Date_

Part III: Academic Plan for Financial Aid

Timetable of Remaining Coursework - Academic Plan for Financial Aid

Regin with the current term: include all courses the student is currently enrolled in or that are in-progress. Attach additional

Name of Course	Course Number	Units	Term
-			
pected Graduation Term:	Total U	nits	
Р	Part IV: Academic Advisor Stateme	ent	
certify that the information provided on this cademic plan for financial aid and program co		ith the studer	nt in regards to t
Advisor Name			
		_	
dvisor Signature		_ Dat	e
dvisor Email			
	Part V: Student Certification		
agree to only enroll in the courses listed on r	ny academic plan. I understand that indiv	idual aid pro	grams have speci