

Student Signature\_

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

## SAP Appeal - Maximum Timeframe Academic Plan Undergraduate Students Only

Date\_\_\_\_

Student Name:		_		
Bronco ID Number:		-		
This form is to be completed by the Academic Advisor only				
This student has exceeded the maximum n the Maximum Time Frame a student has to academic program's published length, mea an extension of aid eligibility, this form muroffered only for the remaining units require	o complete their program (and receive asured in attempted units. For the Offi st be completed by you and submitted	financial aid) canno ice of Financial Aid with the student's	ot exceed 150% of the student's <b>primary</b> & Scholarships to consider the student for	
Deadlines for Submitting SAP Appeal and	Maximum Time Frame Academic Plan	:		
Fall Term Eligibility: November 1	Spring Term Eligibility: April 1	S	ummer Term Eligibility: June 30	
	Part I: Current Academ	ic Information		
Student's Current Degree Objective:	Bachelor's	2	2 <sup>nd</sup> Bachelor's	
Declared Major:				
Number of Units Remaining to Complete <b>Primary Degree</b> :		Expected Graduation Term/Year:		
Part II: Reas	son Student Exceeded the Maxi	mum Number	of Attempted Units	
Indicate whether or not the student excee	eded the maximum attempted units fo	r one of the reasor	s below:	
Seeking Minor(s)	Pursuing Multiple Majors	Repeating (	Coursework for a Passing Grade	
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 cou	unting towards the	ir <b>current</b> major?:	
Was the student admitted to Cal Poly Po	mona as a transfer student?	Yes	No	
If yes, how many of the units earned prior	to attending Cal Poly Pomona <b>ARE BE</b>	ING USED towards	their current major?:	
	Part III: Academic Plan f	or Financial Aid	I	
Attach a copy of the student's CPP Connect Each course should include the course name contain those courses that are required to of minors, dual majors, or additional object	ne and number and the term the studen complete the student's primary degre	nt is expected to er	nroll in the course. The planner must only	
	Part IV: Academic Advi	sor Statement		
I certify that the information provided on t financial aid and program completion.	his form is correct and that I have spok	en with the studer	nt in regards to their academic plan for	
Advisor Name				
Advisor Signature Date			Pate	
Advisor Email				
	Part V: Student Certif	ication		
I agree to only enroll in the courses listed o my appeal is approved, I may have limited			grams have specific limits and that even if	