



## **How To Complete Your Maximum Time Frame Financial Aid Appeal**

Students whose Federal financial aid eligibility has been suspended due to lack of satisfactory academic progress have the right to appeal. It is the student's responsibility to submit an appeal in writing and to provide the supporting documentation.

### **1. Make sure your appeal is complete by:**

- Including your name and student ID number on all documents.
- Including a statement explaining your extenuating circumstance(s) for ALL unsuccessful semesters, as explained on the opposite side of this document.
- Providing documentation to substantiate your statement. (Examples: Health Care provider letter, third-party statements, copies of legal documents, etc.)
- Including a statement of how your situation has changed and your plan(s) for making satisfactory progress.
- You have reached maximum "time frame" for your program or degree, you must submit with your appeal a Pima Graduation Check signed by a counselor/advisor.
- If you have changed your program, please include in your statement the reasons why and provide any documentation that you feel will support these reasons.
- Your entire academic history at Pima Community College may be considered during this review.

### **2. Return your complete Financial Aid Appeal Packet to any Campus Financial Aid Office:**

Financial Aid Offices:	Center for Training and Development	206-5100
	Community Campus	206-6585
	Desert Vista Campus	206-5030
	Downtown Campus	206-7264
	East Campus	206-7695
	Northwest Campus	206-2200
	West Campus	206-6878

Once your appeal is reviewed and decided you will receive notification on your MyPima of the committee's decision.

### **3. If you are not satisfied with the decision made, you have the right to appeal the decision to the Financial Aid Appeal Council.**

- Your request for review of your appeal to the Council must be submitted in writing to the Executive Director of Financial Aid.
- You will be informed of the decision in writing within 5 days of the Council's review.
- The Financial Aid Appeals Council decision is final.



PimaCommunityCollege

Satisfactory Academic Progress
Maximum Time Frame Appeal

Full Name: Student ID: Telephone #: Pima Email: Address: Program of Study: Graduation Date:

Please indicate the reason you are exceeding the credits required to complete your program of study. On the line provided, please indicate briefly what occurred.

Change of Program Post-Baccalaureate Certificate Medical Reason Extenuating Circumstance Other

On a separate sheet of paper please describe in detail why you have not completed your educational program within the 150% maximum time frame. Please provide signed documentation regarding your situation.

Your appeal must be accompanied by a Pima Graduation Check that has been completed and signed by an advisor/counselor.

Student's Signature: Date:

This section to be completed by member of Advising/Counseling Staff

Number of credits needed to complete program: Number of terms estimated to complete program: Additional Comments:

Name of Advisor/Counselor Date Campus



**PimaCommunityCollege**  
 4905C E Broadway Blvd C-119  
 Tucson, AZ 85709-1110

Evaluation Questionnaire for Physician/Health Care Provider re Academic Progress

If you have any questions, please call 206-4950.

Name of Student \_\_\_\_\_ Date \_\_\_\_\_  
 Student's Address \_\_\_\_\_  
 Semester(s) Under Review \_\_\_\_\_ PCC ID# \_\_\_\_\_

**To be filled out by the Physician or Health Care Provider:**

Please describe whether the student or the student's immediate family member suffered an injury, illness or disability that in your opinion would impact the student's ability to succeed academically during the semester(s) under review. Please give details, including any diagnosis, prognosis and. If applicable, the amount of time that the student was unable to attend school during the semester(s) under review

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Has there been any change in the condition of the student or student's immediate family member since the semester(s) under review? Please explain any changes.

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Please make any additional comments that you feel are pertinent to this situation on the back of this form.

Physician/Health Care Provider Printed Name \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Telephone Number \_\_\_\_\_