SOUTH PIEDMONT COMMUNITY COLLEGE

Appeal Form
Maximum Timeframe
2026-2027 Academic Year

Student's Name (please print): _____ Student ID: _____

Program of study: _____ Program Code: _____ Catalog Year: 20___

All students receiving financial aid must complete their educational program within 150% of the published length. Students who exceed or are unable to complete their program within the 150% maximum timeframe are no longer eligible to receive financial aid at SPCC. The Maximum Timeframe Standard includes all curriculum hours attempted and any accepted transfer credits or developmental credit hours, regardless of timeframe.

1) Check appropriate reasons that affected your academic progress.			
☐ Prior degree from SPCC ○ Program:_____ ○ Year: _____	☐ Transferred credits and/or developmental courses	☐ Changed degree program multiple times	☐ Other (please specify) _____

2) Meet with a counselor or academic advisor to discuss your graduation plan. *Attach this plan to the application.*		
Have you met with a counselor or academic advisor?	☐ YES	_____ *Counselor/Advisor Signature* *Date*
Have you attached a Graduation Plan?	☐ YES, the graduation plan is attached	Credits required to graduate: _____ Semesters required to graduate: _____

3) Attach a separate sheet of paper to the application and describe:

- ☐ **your educational goals,**
- ☐ **why you may have been unsuccessful or why you did not complete your program in previous semesters, and**
- ☐ **what has changed to allow you to meet your educational goals now and be successful in college courses**

Important

- ❖ **Incomplete appeals will be denied. Be sure to attach a detailed statement with supporting documentation.**
- ❖ **Appeals should be submitted to the Office of Financial Aid and Veterans Services within the published deadline dates. Any appeal submitted after a deadline date has passed will go into the next review cycle.**
- ❖ **The Vice President of Student Services or his/her designee will consider appeals and the decision will be final. Students will be notified through their SPCC e-mail of appeal decisions.**
- ❖ **While awaiting a decision, students are expected to pay their balances or set up a payment plan.**
- ❖ **If approved, any eligible financial aid will be applied to the student account and/or refunded to the student according to the published Financial Aid Calendar Disbursement Dates.**
- ❖ **Students receiving appeal approval will remain eligible for financial aid funding if they meet all requirements of the established individual Graduation Plan, which may include completing only courses required for graduation, maintaining a 2.5 semester GPA *and* 100% completion rate.**

By signing this form, I certify that I understand the SPCC Maximum Timeframe policies and appeal approval process.

_____ _____
Student's Signature (Required) Date

For Financial Aid Office Use Only

Attempted Credits: _____ Completed Credits: _____ SAP GPA: _____ First Enrolled: _____ Previous Graduate: Y/N

Program Code: _____ Credits Required: _____ Max Credits: _____ Credits needed to complete program: _____

Comments:

Appeal is: Granted / Denied SAP Status Set to: _____ Date: _____

Signature: _____ Date: _____

Office of Financial Aid and Veterans Services
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