



Appeal to Extend Maximum Time Frame

Name _____ Student ID Number _____

Based on the evaluation of your maximum time frame, you will exceed 150% of the hours required for your program before you graduate. You may use this appeal as an opportunity to explain unavoidable circumstances that led to non-completion or poor grades during your attendance at SLCC.

Attach to this coversheet:

- A typed statement detailing the circumstances for each semester you received poor grades, withdrew or had incomplete grades.
- Documentation to support your appeal. Because you are asking for an exception to our policy, documentation is required.

Documentation may include:

- Illness – Detailed letter, on letterhead, from doctor including conditions, dates treated, restrictions, dates of restrictions and release information
- Death of Family Member – Death certificate
- Legal Issues – Divorce decree, police reports
- Employment – Letter from supervisor, on letterhead with contact information, stating that schedule conflicts were mandatory and not at the discretion of the student
- Other – Documentation that will support your request

Appeals submitted will be reviewed within two weeks of submission. You will be notified of the decision via your BruinMail. If your appeal is approved, you will be required to come to the SLCC Office of Financial Aid & Scholarships to sign a contract.

By signing, you certify that all the information in this appeal is true and accurate.

Student Signature _____ Date _____

Submit completed form to SLCC Office of Financial Aid & Scholarships in-person or by:

- **Email:** financialaid@slcc.edu
- **Mail:** SLCC Office of Financial Aid & Scholarships / PO Box 30308 / Salt Lake City UT 84130-0808
- **Fax:** 801-957-4657