

Stark State College
Gateway Student Services

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STANDARDS OF ACADEMIC PROGRESS MAXIMUM TIME FRAME APPEAL FORM

Student Name _____ SSC Student ID # _____

Street Address _____

City, State, Zip Code _____

Telephone Number (home) _____ (cell) _____

- *Appeals should be submitted by the last day to register for classes in the term in which you are applying for continued federal financial aid.*
- *You must attach a written statement explaining why your degree was not completed within the allowable time frame. Supporting documentation is recommended and may be requested.*
- *Appeals based on mitigating circumstances will be denied if documentation is not attached.*

THE ACADEMIC PLAN MUST BE COMPLETED ON THE REVERSE SIDE OF THIS FORM

By signing this worksheet, I certify all the information reported to qualify for federal student aid is complete and correct.

Student Signature _____ Date _____

FOR OFFICE USE ONLY

Previous appeals _____

Approved

APPMAX

Incomplete

- Need written statement
- Need documentation
- Need academic plan/advisor's signature
- Appointment required

Term Effective _____

Date _____

Restricted to approved academic plan Yes

Denied

- Denied
- No written statement
- No documentation
- No mitigating circumstances
- Multiple prior appeals/unsuccessful attempts
- Academic Dismissal

Comments: _____

Initials & Date

MAXIMUM TIME FRAME APPEAL ACADEMIC PLAN

Student must attach their written statement with a copy of their My Academic Plan (MAP) worksheet and/or MAP Planner with this signed academic plan completed by the division Dean, Department Chair, or Advisor.

IMPORTANT: If this appeal and academic plan is approved, students must complete all attempted hours successfully (no withdrawals after the first 6 days of classes and no failing grades) to stay in compliance with the maximum time eligibility.

Student Name _____ SSC Student ID # _____

Degree/Certificate _____

Course outline of ALL required classes to complete the above degree.

PREREQUISITE(S)							
Subject	Number	Course Title	Cr Hrs	Subject	Number	Course Title	Cr Hrs

REQUIRED ELECTIVE(S)							
	← Number of Elective Credit Hours Required (Student can select from the courses listed below.)						
Subject	Number	Course Title	Cr Hrs	Subject	Number	Course Title	Cr Hrs

REQUIRED TECHNICAL CLASSES FOR GRADUATION IN DEGREE PROGRAM							
<i>(Please attach additional courses if needed.)</i>							
Subject	Number	Course Title	Cr Hrs	Subject	Number	Course Title	Cr Hrs

MAXIMUM HOURS NEEDED FOR COMPLETION OF DEGREE:	Total hours
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Additional Comments:

Signature of Dean, Dept Chair, or Advisor (REQUIRED) _____ Please Print Name _____ Date _____