Stark State College Gateway Student Services

Student Name

6200 Frank Ave NW, North Canton, OH 44720 (330) 494-6170 | Fax-(330) 966-6598 www.starkstate.edu | studentservices@starkstate.edu



SSC Student ID #

STANDARDS OF ACADEMIC PROGRESS MAXIMUM TIME FRAME APPEAL FORM

Maximum Time Frame violations occur when you have accumulated too many attempted credit hours without

completing your declared program of study working on your degree or number of seme that any student who receives or applies for Higher Education (ODHE) approved degree complete the ODHE approved degree or certailog for the associate degree or certificat determined by the Financial Aid Office and	sters you have attended. The Standard r federal financial aid is making progres or certificate. To maintain eligibility fo tificate within the required number of te) multiplied by 150%. The specific nu	ds of Academic Progress Policy ensures is toward an Ohio Department of it rederal financial aid, you must credit hours (as listed in the college imber of attempted hours is
 Appeals should be submitted by the continued federal financial aid. 	last day to register for classes in the te	erm in which you are applying for
	nt explaining why your degree was not is recommended and may be requested	
Appeals based on mitigating circum	stances will be denied if documentatio	n is not attached.
THE ACADEMIC PLAN ON THE BACK OF T	HIS FORM MUST BE COMPLETED AND	SIGNED BY AN ACADEMIC ADVISOR
By signing this worksheet, I certify all the in	formation reported to qualify for feder	al student aid is complete and correct.
Cturdont Cionotuno	Data	
Student Signature	Date_	
FOR OFFICE USE ONLY □ Previous appeals	Date_	
FOR OFFICE USE ONLY	Date_	Denied
FOR OFFICE USE ONLY □ Previous appeals	Incomplete ☐ Need written statement	\square Denied
FOR OFFICE USE ONLY □ Previous appeals Approved □ APPMAX	Incomplete ☐ Need written statement ☐ Need documentation	□ Denied□ No written statement
FOR OFFICE USE ONLY □ Previous appeals Approved	Incomplete □ Need written statement □ Need documentation □ Need academic plan/	□ Denied□ No written statement□ No documentation
FOR OFFICE USE ONLY □ Previous appeals Approved □ APPMAX Term	Incomplete ☐ Need written statement ☐ Need documentation	 □ Denied □ No written statement □ No documentation □ No mitigating circumstances □ Multiple prior appeals/ unsuccessful attempts
FOR OFFICE USE ONLY □ Previous appeals Approved □ APPMAX Term Effective	Incomplete ☐ Need written statement ☐ Need documentation ☐ Need academic plan/ advisor's signature	 □ Denied □ No written statement □ No documentation □ No mitigating circumstances □ Multiple prior appeals/
FOR OFFICE USE ONLY Previous appeals Approved APPMAX Term Effective Date	Incomplete ☐ Need written statement ☐ Need documentation ☐ Need academic plan/ advisor's signature	 □ Denied □ No written statement □ No documentation □ No mitigating circumstances □ Multiple prior appeals/ unsuccessful attempts
FOR OFFICE USE ONLY ☐ Previous appeals Approved ☐ APPMAX Term Effective Date Restricted to academic plan ☐ Yes	Incomplete ☐ Need written statement ☐ Need documentation ☐ Need academic plan/ advisor's signature	 □ Denied □ No written statement □ No documentation □ No mitigating circumstances □ Multiple prior appeals/ unsuccessful attempts
FOR OFFICE USE ONLY ☐ Previous appeals Approved ☐ APPMAX Term Effective Date Restricted to academic plan ☐ Yes	Incomplete ☐ Need written statement ☐ Need documentation ☐ Need academic plan/ advisor's signature	 □ Denied □ No written statement □ No documentation □ No mitigating circumstances □ Multiple prior appeals/ unsuccessful attempts

MAXIMUM TIME FRAME APPEAL ACADEMIC PLAN

Student must attach their written statement with this signed academic plan completed by the division Dean,

Department Chair, or Advisor.

tudent Name				SSC Student ID #			
gree/Ce	ertificate						
		Course outline of A					
	_		PREREQ	UISITE(S)	_		
Subject	Number	Course Title	Cr Hrs	Subject	Number	Course Title	Cr Hrs
			REQUIRED	ELECTIVE((S)		
	← Nui	mber of Elective Cred	it Hours Requir	ed (Studer	nt can select	from the courses liste	ed below.)
Subject	Number	Course Title	Cr Hrs	Subject	Number	Course Title	Cr Hrs
	REC	QUIRED TECHNICAL				GREE PROGRAM	
ubject	REC		CLASSES FOR se attach additio			GREE PROGRAM Course Title	Cr Hrs
ubject	<u> </u>	(Plea	se attach additio	nal courses	if needed.)	T	Cr Hrs
ubject	<u> </u>	(Plea	se attach additio	nal courses	if needed.)	T	Cr Hrs
Subject	<u> </u>	(Plea	se attach additio	nal courses	if needed.)	T	Cr Hrs
Subject	Number	(Plea	cr Hrs	Subject	if needed.)	Course Title	Cr Hrs
MAXIML	Number	Course Title NEEDED FOR COMPLE	cr Hrs	Subject	if needed.)	Course Title	
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