

## MAXIMUM TIME FRAME ACADEMIC PLAN WORKSHEET

**Student Section:**

You have exceeded the Maximum Time Frame standard of Northern Kentucky University's Satisfactory Academic Progress (SAP) policy. Federal regulations mandate that students, who cannot meet SAP requirements at the end of one approved semester (probation), must follow a plan to ensure that he or she can meet SAP within a specific length of time to continue receiving financial aid. You are required to meet with your academic advisor and complete this form as part of your formal SAP appeal. Submitting a completed Plan does not guarantee an approved appeal. It is your responsibility to meet the requirements of your Plan. You must complete the number of hours required, per semester, as indicated on this worksheet. If you fail to meet the academic plan as outlined, you will no longer be eligible to receive federal, state, or institutional financial aid. You must meet the academic plan requirements each semester in order to continue to be eligible to receive federal aid.

Student's Name	Student ID Number	
Phone Number	Email Address	Degree and Major
Student Signature: _____		Date: _____

**Academic Advisor Section:**

This student does not meet Satisfactory Academic Progress (SAP) standards and has chosen to submit an appeal for financial aid. Federal regulations mandate that students, who cannot meet SAP requirements at the end of one approved semester (probation), must follow a plan to ensure that he or she can meet SAP within a specific length of time in order to continue to receive financial aid.

This student has exceeded Maximum Time Frame because he or she has attempted 180 or more credit hours and has not yet completed his or her degree. Please use the section below to help the student outline an Academic Plan. This Plan should outline remaining courses necessary for the student to complete their program in a timely manner. *Feel free to attach a signed letter or degree audit to this form if you feel additional information is needed to support this student's appeal.*

Semester: _____	Semester: _____	Semester: _____
Hours required: _____	Hours required: _____	Hours required: _____
Semester: _____	Semester: _____	Semester: _____
Hours required: _____	Hours required: _____	Hours required: _____
Estimated number of total remaining hours: _____		Estimated graduation date: _____
Advisor Name: _____		Department: _____
Advisor Signature: _____		Date: _____