

Maximum Timeframe Academic Plan Satisfactory Academic Progress (SAP) Appeal

Summer 2024

First Name: _____ M.I. _____ Last Name: _____

Maximum Timeframe (MTF) Academic Plan Guidelines

This Academic Plan is **only** for those students who do not meet the Maximum Timeframe standard. Students who have exceeded the allowable time to complete their degree must appeal for an exception to the SAP Maximum Timeframe standard if they wish to continue to receive financial aid.

- If a Maximum Timeframe Appeal is approved, students **may only take the courses listed on their Academic Plan**.
- If a course is taken that is **not listed** on the students' Academic Plan, they will be placed back in suspended status for failing to meet their SAP probation conditions.
- If a student **withdraws from a course** listed on their Academic Plan, they will be placed back into suspended status for failing to meet their SAP probation conditions.
- Students with previous SAP Maximum Timeframe Academic Plans on file may submit an addendum to the original plan (See Section 1) if something changes in their plan.

Instructions:

- Complete all sections.
- Meet with an Academic Advisor to review your Academic Plan, which requires the advisor's signature.
- Submit this completed Academic Plan, along with your SAP Appeal, to Office of Scholarships and Financial Aid by the deadline.

Section 1 – To be Completed by the Student

Is this a new Maximum Timeframe Appeal or an Updated Academic Plan? Please note that an Advisor Review is required for both.

- First Maximum Timeframe Academic Plan
- Updated Academic Plan

Section 2 – Advising – To be completed by the student's Academic Advisor

Current Cumulative GPA _____ College/Program _____

Estimated Graduation Date _____ Major _____ Minor _____

Is this student pursuing a double major or degree? Yes No

Is this student pursuing a second bachelor's degree? Yes No

Did (or will) this student change their major? Yes No Date of change: _____



**SCHOLARSHIPS
& FINANCIAL AID**

Administration Building Room 208
P.O. Box 21066, Tucson AZ 85721-0066
TEL: 520.621.1858 FAX: 520.621.9473
financialaid.arizona.edu

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Section 3 - Academic Plan – To be completed by the student and Academic Advisor

List **only required** courses that are remaining in order for the student to *complete* their program. This includes all major, pre-requisite and/or minor coursework. Carefully evaluate this plan as students will be expected to complete all courses listed below.

If there is more than one class option that will fulfill a requirement, please list all options.

If the situation arises where you are unsure the exact course a student will take, please put the general course/tier that the student will need to take.

Example:

Example Course Number(s)	Course Title(s)	Example Units
ECON 338	Law and Economics	3
SPAN 350 or 352	Readings in the Literary Genres OR Reading Politics and Culture in the Hispanic World	4

Major/Minor/Pre-Requisite Courses

Course Number(s)	Course Title(s)	Units



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Major/Minor/Pre-Requisite Courses

Course Number(s)	Course Title(s)	Units
Total Number of Units Remaining		



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Section 4 - Student Certification

Please read and sign below to verify that you understand and agree to the following,

- I understand if my appeal is approved, I **must** follow the Academic Plan above and can only take coursework that is listed.
- I understand that if I take courses that are **not listed** on this academic plan **OR** if I withdraw from any class listed
 - I will not be following the SAP probation conditions and will be placed back in a suspended status.
 - I will become ineligible for federal and state financial aid as well as certain private loans.
- I understand that any additionally submitted academic plans are subject to approval and are not guaranteed accepted changes.

I acknowledge that I have read and understand the information on this form. I certify that this Academic Plan has been reviewed and discussed with me.

Student Name: _____

Student Signature: _____ Date: _____

Section 5 - Advisor Certification

Advisor Name: _____

Advisor Signature: _____ Date: _____

College / Major: _____

Advisor Phone: _____ Advisor Email: _____



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