2019-2020 MAXIMUM HOURS-DEGREE AUDIT

T Number: ____________________ Student Name: ____________________________________________

Phone Number: ____________________ Email: ____________________________________________

**Appeal Deadlines:** You must submit your appeal by the corresponding deadlines
Appeals submitted before the deadline will be reviewed prior to payment deadline to allow students to make payment arrangements if not approved. Appeals submitted after the last day to submit an appeal will be reviewed for future terms.

<table>
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<tr>
<th>Semester</th>
<th>Fall 2019</th>
<th>Spring 2020</th>
<th>Summer 2020</th>
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<tr>
<td>Last Day to Submit Appeal</td>
<td>9/27/19</td>
<td>2/07/20</td>
<td>6/05/20</td>
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**Maximum Attempted Hours Requirement:**
You may request a review of Maximum Hours Suspension based on any of the following. Some situations may require that you submit additional information. We will notify you if additional information is needed.

☐ I am an undergraduate student and have changed majors from _____________ to _____________.
  • Attach a detailed letter of explanation (please include the semester you changed majors).
  • Attach a Degree Audit (see reverse form).
  • **Changing majors may result in a loss of financial aid eligibility**
  • Example: If your bachelor’s degree program takes 120 credits to complete, 120 hours x 150% = 180 credit hours (180 credit hours is the maximum number of hours allowed for federal student aids according to this example).

☐ I have completed a bachelor’s degree and am working towards a second degree.
  • Attach a detailed letter of explanation.
  • Attach a Degree Audit (see reverse form).

☐ I am a graduate student in the __________________________ program and my course of study has been prolonged.
  • Attach a detailed letter of explanation.
  • Attach a Degree Audit (see reverse form).

***Before requesting this appeal, you must read and understand the SAP policy as listed on our website: https://www.suu.edu/finaid/sappolicy.html***

(Please Mark One) YES______ I have read and understand the SAP Policy, NO ________ I have not read the SAP policy

STUDENT CERTIFICATION STATEMENT – MAXIMUM ATTEMPTED HOURS (By checking the boxes and signing my name I certify that I understand the following).

☐ To the best of my knowledge, the information in this appeal is true and accurate.
☐ I understand that during peak seasons, there may be a four week processing time for the request.
☐ I understand that I will be notified by e-mail of the final decision.
☐ I understand that there is no guarantee of approval of my Degree Audit.
☐ I understand that I cannot receive any grades of: F, UW, or W.
☐ I understand that if I earn an “I” grade, I must complete the course and the grade must show on my SUU transcript before a progress check can be approved and I receive any further financial aid.
☐ I understand that I am only allowed to take the courses needed to graduate AND must pass each course with the required minimum grade.

Student’s Signature: __________________________________________ Date: __________________
2019-2020 DEGREE AUDIT

T Number: __________________  Student’ Name: _______________________________________
Phone Number: __________________  Email: ____________________________________________

Student’s Major:______________________  Student’s Minor (if applicable):________________________

What semester and year will the above student graduate with a degree in this program(s)? ______________

Is this student in good academic standing to graduate with a degree in this program? Yes_____  No _____
If no, please explain:________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Please indicate below what courses the student needs to graduate, **including classes which the student is currently enrolled.**

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<tr>
<th>Course Number</th>
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Printed Name: ________________________________  Phone Number: _______________________

Student’s Signature:____________________________________________________  Date:__________________

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For Official Use Only:
Total attempted hours:______  GPA:______  Approved:______
Total completed hours:______  %:______  Denied:______