

## 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.

2019-2020 Award Year			
Semester	Fall 2019	Spring 2020	Summer 2020
Last Day to Submit Appeal	9/27/19	2/07/20	6/05/20

### **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 aid 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:** \_\_\_\_\_



SUU Financial Aid & Scholarships  
 351 W. University Blvd  
 Cedar City, UT 84720  
 Phone: 435-586-7735  
 Fax: 435-586-7736

## 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.***

Course Number	Course Title	Credits	Course Number	Course Title	Credits

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: \_\_\_\_\_