



FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS
MAXIMUM TIMEFRAME APPEAL FORM

Student Name \_\_\_\_\_ WITT ID# \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Appeal Term (Select One) \_\_\_\_\_ Summer Term 2022 \_\_\_\_\_ Fall Semester 2022 \_\_\_\_\_ Spring Semester 2023

Your signature on this form certifies that you have met with your academic advisor at Wittenberg University regarding your anticipated graduation date listed below.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Note to Faculty Advisors:

In order to receive federal student aid at Wittenberg University, federal regulations require students meet Satisfactory Academic Progress (SAP) requirements. Students who did not meet the Maximum Timeframe requirement must meet with an academic advisor to map out their anticipated graduation date for their declared major or program, and the academic advisor must sign and complete this SAP Appeal Maximum Timeframe Form.

Detailed explanations of all SAP requirements may be found on the Student Financial Services website:

https://www.wittenberg.edu/administration/sfs/statement-satisfactory-academic-progress

Maximum Timeframe (150% Rule)

Students must complete their program of study within 150% of the standard timeframe required to earn their degree. The maximum timeframe is 150% of the number of credit hours needed to complete degree requirements.

Student Level and/or Degree Program

Maximum Number of Total Attempted Credit Hours

Graduate/Master of Science in Analytics

44 semester hours

Graduate/Master of Arts Coaching

48 semester hours

Graduate/Master of Arts Education

54 semester hours

THIS SECTION MUST BE COMPLETED BY THE ACADEMIC ADVISOR

Student's Degree & Major \_\_\_\_\_

Anticipated Graduation Date/Term \_\_\_\_\_

Please check the section that best explains why the student is outside the maximum timeframe:

\_\_\_ Transfer Hours \_\_\_ Changed Majors \_\_\_ Second/Additional Degree \_\_\_ Other Circumstances

If you have checked other circumstances, please add an explanation here: \_\_\_\_\_

Advisor Name: \_\_\_\_\_ Signature \_\_\_\_\_

Wittenberg Email Address \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to the Student Financial Services Office in Recitation Hall.