

Term: \_\_\_\_\_

Meeting Date: \_\_\_\_\_



# Financial Aid Max Timeframe Academic Success Plan

*To be completed after successfully appealing your Max Timeframe Suspension.  
You must meet with an advisor before your financial aid can be released.*

Full Name: \_\_\_\_\_ STAR ID / Tech ID: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Program(s) of Study: \_\_\_\_\_ My Career Goal(s): \_\_\_\_\_

Cumulative **GPA** is \_\_\_\_\_. Cumulative **Completion Rate** is \_\_\_\_\_.

Check the item(s) that applies to your situation:									
<input type="checkbox"/>	Program Change	Previous Program(s): _____ New Program(s): _____ Reason for Change: _____ _____ _____							
<input type="checkbox"/>	Dual Major	Program #1: _____ Program #2: _____							
<input type="checkbox"/>	PSEO/ Transfer Credits	Number of credits: _____							
<input type="checkbox"/>	Courses not completed (W, F, FN)	<table border="0"> <tr> <td># of W credits:</td> <td>_____</td> <td rowspan="3">           What factors contributed to these incomplete courses:            _____            _____            How have these changed:            _____            _____         </td> </tr> <tr> <td># of F credits:</td> <td>_____</td> </tr> <tr> <td># of FN credits:</td> <td>_____</td> </tr> </table>	# of W credits:	_____	What factors contributed to these incomplete courses: _____ _____ How have these changed: _____ _____	# of F credits:	_____	# of FN credits:	_____
# of W credits:	_____	What factors contributed to these incomplete courses: _____ _____ How have these changed: _____ _____							
# of F credits:	_____								
# of FN credits:	_____								

**Questions for my Advisor:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Required Academic Plan

While on a Max Timeframe Suspension Appeal, students may only take classes that are required for their approved program(s).

Semester:	Semester:
Semester:	Semester:

### Check Your Financial Aid Limits

There are limits to financial aid. To check your status, login to [studentaid.gov](http://studentaid.gov).

- **Federal Pell Grant:** equivalent to 6 years (12 semesters) full-time enrollment  
This is measured in percentage (one full-time enrollment semester = 50%). Maximum percentage is 600%.
- **Minnesota State Grant:** equivalent to 6 years (12 semesters) full-time enrollment  
This is measured in percentage (one full-time enrollment semester = 50%). Maximum percentage is 600%.
- **Federal Loans:** \$31,000 (up to \$23,000 subsidized) for dependent undergraduate students, \$57,500 (up to \$23,000 subsidized) for independent undergraduate students  
“Undergraduate” student status includes certificate, diploma, 2-year and 4-year college programs.

### Read and initial each of the following statements:

\_\_\_\_\_ I understand LSC’s Academic Standing and Financial Aid Satisfactory Academic Progress Policy 2.9 and that I must achieve a **term 2.5 GPA and a 100% completion ratio each semester** until my cumulative completion rate reaches 67%. If I am not able to meet these standards, I will need to re-appeal my financial aid.

\_\_\_\_\_ I understand what the next steps are in my financial aid process. If my financial aid does not cover my costs, it is my responsibility to cover the remaining charges and/or adjust my enrollment.

\_\_\_\_\_ I understand that if I register for courses that are not required for my approved program(s), they will be blocked from financial aid, and I may need to re-appeal my financial aid.

\_\_\_\_\_ If I change my program, I am required to re-appeal for the new program. I understand this appeal is only valid for my current program(s) listed above.

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor’s Signature

\_\_\_\_\_  
Date