



EXCESSIVE HOUR OR EARNED DEGREE APPEAL

Student Information

Name _____ ID # _____
 Date _____ Phone (____) _____ Expected graduation date: _____
 Degree Plan at LSCPA: _____
 Semester the Appeal is for Fall Spring Summer Academic Year: _____

Reason for Appeal

- Have attempted _____ hours which is more that 150% of my current degree plan
 Have an Associate's Degree or higher.

Steps to Appeal

You must submit this form and a **typed** explanation of your circumstances.

Your typed explanation should answer the following questions and explain the circumstances that led to your excessive hours, or the reasons why you are pursuing a second degree (associates). You must be degree seeking at LSCPA and you can only receive financial aid for hours that meet the requirements of your new major.

1. Why do you have so many hours in your college career?
2. Why should you receive additional financial aid?
3. How will the change in your degree impact your future?

Appeal must be between 50 and 200 words in length (no more). Provide any documentation that might help your case.

The Excessive Hours (max-time frame) is a measurement of the number of credits you have attempted, including transfer credits. If you are doing 60 credits Associates degree, 150% of a 60 credit is 90 credits or more. It will be less if you are in a Certificate program. Your attempted credits are counted whether or not you were using Financial aid when you took the courses. Only courses in your degree plan will be eligible for financial aid.

**** You must meet with an Academic advisor and have them fill out schedule below and have the advisor sign what required courses you have left. No appeal will be reviewed unless you are enrolled in a minimum of 6 hours.**

| | Course | Credit Hours | Recommended Minimum GPA |
|----|--------|--------------|-------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

Signature Required

 Student's Signature Date Advisor's Signature Date

NOTE: This request must be submitted to the Financial Aid Advisors to have the above Program of Study degree plan prepared. Sufficient time must be given to the Financial Aid Office to review the request (usually 1 week, except during peak periods please allow extra time) to be processed.

Office Use Only

Approved _____
 Denied _____
 Date _____

Financial Aid Office: Student Center Room 304
 Mail: PO Box 310 Port Arthur, TX 77641
 Phone 409-984-6203 * Fax: 409-984-6025
 FinancialAid@lamarpa.edu