

Maximum Time Frame Appeal/Review for Financial Aid Reinstatement

Student Information				
Student Name (Last, First)	CTCLink ID			
Student's Preferred Email	Student Phone Number	Academic/Program Name/Code		

THIS FORM MUST BE WRITTEN AND SIGNED IN INK PEN, NOT PENCIL.

Please read the instructions: Your financial aid has been suspended because you have exceeded or will exceed the allowable timeframe to complete your degree program with financial aid at Yakima Valley College. Students must complete their degree program within 150% of the number of units required by their degree program for federal aid. For example, if your degree requires 90 units to complete, you must earn the degree within 135 units (150%) for federal aid. To review these requirements go to <u>YVC Financial Forms</u> and select <u>Satisfactory Academic Progress/Repayment Policy</u>. The purpose of this petition is to request an extension of the Applicant Signature timeframe (quarters and units) to complete your degree program. Your completed petition (with all attachments listed below) must be submitted to the Financial Aid Office in Deccio or scanned and emailed to <u>finaid@yvcc.edu</u>.

Attachments: Petitions must include ALL of the following (they should be attached to this form)

1) A personal statement that explains why the initial timeframe to complete your degree program was not sufficient and why you need additional time and units now.

2) A current and complete academic plan, signed by you and your Pathway Advisor or an Advisor in the Counseling and Advising Center. You can visit the Yakima Campus Counseling and Advising Center in Deccio, call 509.574.4956, or email <u>counseling@yvcc.edu</u>. Grandview Campus students can contact Heidi Matlack at 509.882.7042.

The information on the academic plan has been provided to the student with the intent that it is accurate and current; however, errors may occur due to the possible changes in curriculum. We recommend frequent contact with an advisor and consulting the online catalog.

I understand that YVC personnel have the right to clarify and verify the information provided in this petition. I understand that additional information or documentation may be required. I certify that this information is true and complete to the best of my knowledge. I have attached the documentation specified in the instructions.

Applicant Signature:	Date:
Advisor Signature:	Date:
Advisor Name:	Extension:
Advisor Notes:	

Yakima Valley College does not discriminate against any person on the basis of race, color, national origin, disability, sex, genetic information, or age in admission, treatment, or participation in its programs, services and activities, or in employment. All inquiries regarding compliance should be directed to the Executive Director of Human Resource Services, YVC, South 17th Ave. & Nob Hill Blvd., Yakima, WA 98902; or call 509.574.4670. Rev. 09/2023 Track Code EYV095



Financial Aid

S. 16th Avenue & Nob Hill Boulevard, PO Box 22520, Yakima, WA 98907-2520 P: 509.574.6855 • Fax: 509.574.4740 • finaid@yvcc.edu • www.yvcc.edu

Academic Plan

Program Information				
Program of Study	CTCLink Program Code			
Estimated Completion Date	Academic Year			

Enter your class schedule below. If you have on-line classes, please list the date you anticipate completing the class. <u>Only classes necessary for graduation will be</u> <u>funded; please do not list remedial classes unless required by placement or electives unless required by program</u>.

Quarter One		Quarter Two		Quarter Three			Quarter Four				
Fall Spring	U Winter		Fall Fall Spring	Uinte Winte		Fall Fall Spring	Uin Win		Fall Fall Spring	☐ Win ☐ Sum	
Course Number/Class	s Title	UNITS	Course Number/C	Class Title	UNITS	Course Number/Cl	ass Title	UNITS	Course Number/C	ass Title	UNITS
Quarter Total Units			Quarter Total Un	its		Quarter Total Unit	S		Quarter Total Unit	ts	

Quarter Five		Quarter Six		Quarter Seven		Quarter Eight		
Fall Wint Spring Summ		Fall Winter Spring Summer			Vinter Summer	Fall Winter Spring Summer		
Course Number/Class Title	UNITS	Course Number/Class Title UNITS		Course Number/Class Title	Course Number/Class Title UNITS		Course Number/Class Title UNIT	
Quarter Total Units		Quarter Total Units		Quarter Total Units		Quarter Total Ur	nits	
Quarter Nine		Quarter Ten						
Quarter Nine		Quarter Ter	ı	Quarter Elev	en	Quart	er Twelve	
Quarter Nine Fall Wint Spring Summer		🗌 Fall 🗌 V) Vinter ummer	Fall	en Vinter Summer	Quart	er Twelve	
Fall Wint		🗌 Fall 🗌 V	/inter	Fall	Vinter	Fall	U Winte	
Fall Wint Spring Sum	mer	Fall V Spring S	/inter ummer	Fall Spring	Vinter Summer	Fall Spring	U Winte	ner
Fall Wint Spring Sum	mer	Fall V Spring S	/inter ummer	Fall Spring	Vinter Summer	Fall Spring	U Winte	ner
Fall Wint Spring Sum	mer	Fall V Spring S	/inter ummer	Fall Spring	Vinter Summer	Fall Spring	U Winte	ner
Fall Wint Spring Sum	mer	Fall V Spring S	/inter ummer	Fall Spring	Vinter Summer	Fall Spring	U Winte	ner
Fall Wint Spring Sum	mer	Fall V Spring S	/inter ummer	Fall Spring	Vinter Summer	Fall Spring	U Winte	ner



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Personal Statement

Student Name	CTCLink ID				
Please complete a personal statement in the space below answering the following question					
1. Why have you accumulated so many credits without earning an associate's degree?					
2. How will you ensure you meet progress and finish your program within a reas	onable amount of time?				
For Office Use Only:					
Approved Beginning Fall 20 Winter 20 Spring 20	Summer 20				
Academic Plan# of Qtrs Maximum,# of Cre					
Denied Reason: # of Qu's Maximum, # of Cre					
MTF Appeal marked "completed" LWE Comm Added					
FAO:	Date:				

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