



Financial Aid

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Maximum Time Frame Appeal/Review for Financial Aid Reinstatement

Table with Student Information header and fields for Student Name, Student Identification Number, Student Email, Student Phone Number, and 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 credits required by their degree program for federal aid and within 125% for state aid.

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 credits now.
2) A current and complete academic plan, signed by you and your Pathway Advisor or an Advisor in the Counseling and Advising Center.

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: _____

Notes:

Academic Plan

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

Total College Credits earned applying to new degree # Credits

*Previous credits that apply to new degree (including transfer work) + credits needed (listed below) should equal 90 total credits or the total credits required for new degree.

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

First Quarter		Second Quarter		Third Quarter		Fourth Quarter	
<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter
<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
Course Number/Class Title	CR	Course Number/Class Title	CR	Course Number/Class Title	CR	Course Number/Class Title	CR
Quarter Total Credits		Quarter Total Credits		Quarter Total Credits		Quarter Total Credits	

Fifth Quarter		Sixth Quarter		Seventh Quarter		Eighth Quarter	
<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter
<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
Course Number/Class Title	CR	Course Number/Class Title	CR	Course Number/Class Title	CR	Course Number/Class Title	CR
Quarter Total Credits		Quarter Total Credits		Quarter Total Credits		Quarter Total Credits	

Ninth Quarter		Tenth Quarter		Eleventh Quarter		Twelfth Quarter	
<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter
<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
Course Number/Class Title	CR	Course Number/Class Title	CR	Course Number/Class Title	CR	Course Number/Class Title	CR
Quarter Total Credits		Quarter Total Credits		Quarter Total Credits		Quarter Total Credits	

For Office Use Only:

MTF Status Assigned F W S Su 20____ Intent____ Program Code____ Credit(s) from Prior Degree____

Approved Beginning Fall 21____ Win 22____ Spr 22____ Sum 22____
 Academic Plan____ # of Qtrs Maximum New Maximum Time Frame____ State____ Federal

Denied Reason: _____

AM Tracked in MP Tracked in MTF Suspension Tracked out

FAO: _____ Date: _____