



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

Maximum Time Frame Appeal/Review for Financial Aid Reinstatement

Table with 3 columns: Student Name (Last, First), Student Email, ctcLink ID, 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.

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.

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 Units earned applying to new degree # Units

\*Previous units that apply to new degree (including transfer work) + units needed (listed below) should equal 90 total units or the total units 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	UNITS	Course Number/Class Title	UNITS	Course Number/Class Title	UNITS	Course Number/Class Title	UNITS
<b>Quarter Total Units</b>		<b>Quarter Total Units</b>		<b>Quarter Total Units</b>		<b>Quarter Total Units</b>	

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	UNITS	Course Number/Class Title	UNITS	Course Number/Class Title	UNITS	Course Number/Class Title	UNITS
<b>Quarter Total Units</b>		<b>Quarter Total Units</b>		<b>Quarter Total Units</b>		<b>Quarter Total Units</b>	

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	UNITS	Course Number/Class Title	UNITS	Course Number/Class Title	UNITS	Course Number/Class Title	UNITS
<b>Quarter Total Units</b>		<b>Quarter Total Units</b>		<b>Quarter Total Units</b>		<b>Quarter Total Units</b>	

**For Office Use Only:**

MTF Status Assigned F W Sp Su 20\_\_\_\_ Academic Plan Unit(s) from Prior Degree  
 Approved Beginning  Fall 2022  Winter 2023  Spring 2023  Summer 2023  
 Academic Plan # of Qtrs Maximum  New Maximum Time Frame Federal

Denied Reason:

Appeal Tracked in  MTF Appeal Tracked in  MTF Suspension Tracked out

FAO:

Date: