



OFFICE OF FINANCIAL AID
 P.O. Box 10 Peru, NE 68421
 402-872-2228 | Fax: 402-872-2419
 onestop@peru.edu

21-22 Maximum Time Frame Appeal

PRIDE • EXCELLENCE • RESILIENCE • UNITY

Student Name _____ NUID _____

Cell Phone _____ Email Address _____

To meet PSC’s satisfactory academic progress requirements, you are expected to complete a degree within a maximum allowable time frame. The maximum allowable time frame is reached for undergraduates who have attempted 180 credits and graduates who have attempted 54 credits. You are ineligible for all types of financial aid including grants, loans, and scholarships.

Once you have reached or exceeded the maximum allowable credits attempted, PSC will consider funding **only** for courses required for your degree. In most cases, students will not be funded to finish second majors, minors, or courses taken for personal enrichment unless they can demonstrate the courses are necessary for future employment.

1. **What is your current degree objective? Major** _____
2. **What is your anticipated completion date for your degree objective?** _____

3. **Required Documentation:**

Attach a personal statement explaining why you have accumulated and/or attempted excess units for your degree. If you have taken or plan to take courses that are not required, give your reasons for taking them. Indicate if you have changed your major or program, and if so, why.

4. **Complete the Program Plan below.** List only the courses needed to complete your degree and indicate what requirements the courses fulfill. You and your academic advisor, must sign the plan for it to be considered complete.

Semester 1			Semester 2 (if applicable)			
_____ semester of _____		# of	_____ semester of _____		# of	
(Fall/Spring/Summer)	(Year)		(Fall/Spring/Summer)	(Year)		
# of	Course	Requirement	Cr. Hrs.	Course	Requirement	Cr. Hrs.
1.	Ex: BUS 201	GE	3			
2.						
3.						
4.						
5.						
Total credit hours for Semester 1: _____				Total credit hours for Semester 2: _____		

For Office Use
 FA Form
32MAX
 Revised 10-01-20

P.O. Box 10 ♦ Peru, Nebraska 68421-0010 ♦ 402-872-2228 ♦ Fax: 402-872-2419 ♦ WWW.PERU.EDU/FINANCIAL AID

PSC is an equal opportunity institution. PSC does not discriminate against any student, employee or applicant on the basis of race, color, national origin, sex, sexual orientation, gender identity, disability, religion, or age in employment and education opportunities, including but not limited to admission decisions. The College has designated an individual to coordinate the College’s non-discrimination efforts to comply with regulations implementing Title II of the Americans with Disabilities Act, Titles VI and VII of the Civil Rights Act, Title IX, of the Education Amendments of 1972, the Age Discrimination Act of 1975, and Section 504 of the Rehabilitation Act. Reports regarding discrimination or harassment may be directed to the following Compliance Coordinator. In addition, inquiries regarding non-discrimination policies and practices may be directed to the Compliance Coordinator: Ms. Eulanda Cade, Peru State College, Administration Building, Room 312, PO Box 10, 600 Hoyt



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Student Name _____ NUID _____

Semester 3 (if applicable)

_____ semester of _____
 (Fall/Spring/Summer) (Year)

Course	Requirement	Cr. Hrs
1.		
2.		
3.		
4.		
5.		

Total credit hours for Semester 3: _____

Semester 4 (if applicable)

_____ semester of _____
 (Fall/Spring/Summer) (Year)

Course	Requirement	Cr. Hrs

Total credit hours for Semester 4: _____

By signing below, I, the student, agree to complete this **Plan for Success** to the best of my ability. I acknowledge that my Financial Aid Appeal is contingent on the successful completion of this Plan and I understand that if 1) I do not successfully complete the hours enrolled or 2) do not receive satisfactory grades during my Plan, the appeal will be cancelled and I will again be on Financial Aid suspension.

I WILL KEEP FINANCIAL AID UPDATED ON MY PROGRESS AND WILL CONTACT THEM WITH ANY CHANGES I NEED TO MAKE TO MY PLAN.

Student Signature: _____ Date: _____

I _____ have reviewed this Plan for Success and approve.

Advisor Signature: _____ Date: _____

PLEASE RETURN TO: Peru State College One Stop Office (Fax, myPSC Upload, US Mail: listed above)

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

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 FA Form
32SAPX
 Revised 10-01-20

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