



Financial Aid Office
 615 N Stadium Avenue
 Thatcher, Arizona 85552
 928-428-8287 fax # 928-428-2391
 Gila Hank Financial Aid Drop Box

FINANCIAL AID MAXIMUM CREDIT APPEAL FORM

2019-2020

Instructions to student:

This appeal is required for students who have exceeded the 150% time frame allowed by federal regulations to complete degree requirements. The appeal must be signed by the student, signifying acceptance of the plan as outlined. Return completed form and a copy of your degree audit to the EAC Financial Aid Office.

Section I:

Student Information:

1. Name: _____ EAC ID#: _____

Mailing Address: _____

Street and/or Box #

City	State	Zip
------	-------	-----

Telephone#: () _____ - _____ Email: _____

2. Are you requesting federal financial aid to complete a **first** degree/certificate at EAC? No Yes

If **yes**, what is the degree/certificate you are seeking? _____

Please explain the issues that have caused you to exceed the maximum time frame allowed to complete your first degree/certificate at EAC? An example might be that you completed x number of GIFT courses while in high school.

3. Are you requesting federal financial aid to complete an **additional** degree/certificate at EAC? No Yes

If **yes**, what is the degree/certificate you are seeking? _____

Please explain why you are seeking an additional degree/certificate? An example might be that you completed x number of GIFT courses while in high school.

4. What is your anticipated date of graduation? _____

5. Have you declared the degree you are currently seeking on your Gila Hank? No Yes If **no**, you must do so before submitting this appeal. To do this, go to: <https://gilahank.eac.edu/GilaHank/SignIn>. (You are able to update your major on the first screen.)

Section II: Courses Required in Order to Complete Degree Requirements.

I have attached my degree audit from the Gila Hank web site at: <https://gilahank.eac.edu/GilaHank/SignIn>. (Click on “View completion details for my major” under your Declared major.) Based on this degree audit, I will enroll for the following required courses:

Fall 2019 Semester

Spring 2020 Semester

Summer 2020 Semester

Course	Title	# of credits

Course	Title	# of credits

Course	Title	# of credits

Total Credits: _____

Total Credits: _____

Total Credits: _____

If you are requesting to take classes that are not required for your degree; but must be taken for a scholarship or in order to transfer to a university to continue your degree, please list them below. Keep in mind these classes **will not** be covered by financial aid and will be the student’s responsibility for payment.

Course #	Title	# of credits	Reason for taking class

Notes: _____

Section III: Students Certification:

I agree to take **only** the courses required to complete my degree requirements as outlined on my appeal approval notification letter. Additionally, I will complete all courses with a minimum 2.0 grade requirement with the exception of nursing which requires a 3.0. I understand that failure to meet these requirements is a breach of contract which will result in financial aid suspension without possibility of further appeals.

Student’s Printed Name

Student’s Signature

Date