

Financial Aid Offices

Lancaster, Salkehatchie, Sumter, Union

TIMEFRAME REVIEW FORM

Student's Name:	VIP ID:	VIP ID:	
Advisor's Name:			
Department:	_ Degree Program:		
TO BE COMPLETED BY ADVISOR:			
credit hours. The above student has request confirm the remaining courses the student the student must take to meet the degree rany elective courses not required to compled degree not awarded by this university, even	neframe as 150% of a student's program's p ted aid but is approaching the maximum allo is required to take to complete his or her de equirements for the program in which they ete the degree. Do not list any courses that w if the student intends to transfer into that p cted the specific course to that requirement act the Financial Aid Office.	owable time frame. We must gree. Please list all the courses are currently enrolled. Do not list will meet requirements for a program. You may provide a	
Course Name/Number		Credit Hours	
	Total Credits Remainin	g	
must file a Satisfactory Academic Progress A	ed the maximum timeframe for their current Appeal to qualify for federal financial aid. The aximum attempted hours for an associate d	e student is limited by the degree	
Academic Advisor's Signature:		Date:	