Phone: (480)731-8900 Email: finaid@estrellamountain.edu 3000 N. Dysart Rd. Avondale, AZ 85392

MAXIMUM TIMEFRAME APPEAL FORM

Student Name:	SSN: <u>XXX-XX-</u>	Student ID:	Program Plan:
program's maximum timefr finaid@estrellamountain.ed delivered to your Marico longer during peak proce timeframe extended unde	academic Progress guidelines, you ame. You may appeal by comple du, or via eForm upload. Notific to a G-mail account. Please allow essing periods). Students may rethe following circumstances	ting this form. Submit to ation of the outcome w 7-10 business day request to have their is.	the form in person, email e of this appeal will be s for processing (may take
,	has changed to		
 I have attempted 150% or more of the credits required for my degree/certificate and have additional credits that need to be completed. I have earned a Bachelor's Degree (or higher) and am pursuing another Degree or Certificate. 			
	es required for admission to an ensideration for loans during one		nis circumstance there is no grant n period.
	to be evaluated, you must have explanation on the circumsta		am plan in your <u>EMCC Student</u> ou:
Student Signature:			Date:
otadoni oignataro.			Bate.
Approved	Notes/comments:		
Denied	Reason denied:		
Date reviewed:		Financial Aid Initials:	
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