Satisfactory Academic Progress (SAP) Appeal

Maximum Timeframe Form

Office of Financial Aid
130 Student Union
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001
Phone: (937) 775-4000
E-mail: raiderconnect@wright.edu
FAX: (937) 775-4410

Student Name: _____ **University ID (UID):** | U | | | | | | | | |

In order to receive federal student aid at Wright State University, federal regulations require students meet Satisfactory Academic Progress (SAP) requirements. **Students who did not meet the Maximum Timeframe requirement must meet with or email an academic advisor to map out their anticipated graduation date for their declared major or program, and the academic advisor must sign and complete this SAP Appeal Maximum Timeframe Form.**

Detailed explanations of **ALL** SAP requirements may be found on RaiderConnect's website: https://www.wright.edu/raider-connect/financial-aid/academic-progress.

Maximum Timeframe (150% Rule)
Students must complete their program of study within 150% of the standard timeframe required to earn their degree. The maximum timeframe is **150%** of the number of credit hours needed to complete degree requirements.

Student Level and/or Degree Program	Maximum Number of Total Attempted Credit Hours
Undergraduate / Associate's Degree	90 semester hours
Undergraduate / Bachelor's Degree	180 semester hours
Graduate*	55 semester hours
Doctoral*	136 semester hours

*Includes research and thesis/dissertation hours

TO BE COMPLETED BY STUDENT'S ACADEMIC ADVISOR

Student's Declared Major: _____ **Degree:** _____ **Anticipated Graduation Date:** _____

Please check the box that best explains why the student is outside the maximum timeframe:

☐ Transfer Hours ☐ Changed Major ☐ Second/Additional Degree ☐ Other Circumstance

Comments: _____

Advisor Name: _____ **E-mail Address:** _____ **@wright.edu**

Advisor Signature: _____ **Date:** _____
*If you are unable to provide an original signature, please send this form to ofa@wright.edu using your university email address.

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☐ RRAAREQ GRADUATION STAFF MEMBER
☐ ROANYUD TERM: _____ INITIALS: _____ DATE: _____