

Section A: Student Information

Last Name: _____ First Name: _____ University ID (UID): _____

To receive federal student aid at Wright State University, federal regulations require students to 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.**



STOP: Please be advised that in addition to completing this form, it is necessary to fill out the Online SAP Appeal Form available on [WINGS](#) in the financial aid dashboard. **BOTH FORMS ARE REQUIRED TO PROCESS YOUR SAP APPEAL.**

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 (Includes research and thesis/dissertation hours)	55 semester hours
Doctoral (Includes research and thesis/dissertation hours)	136 semester hours

Please visit our [SAP Policy and Requirements](#) page for detailed descriptions of all SAP requirements.

Student's Signature: _____ **Date:** _____

Section B: Academic Advisor's Approval

This section must be completed by the student's Academic Advisor

Please check the box that best describes your recommendation for the financial aid Max Timeframe form.

- I am NOT the student's academic advisor and cannot complete this max timeframe form.
- I am the student's Academic Advisor. (Please provide the information below).

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

Check a box(s) to indicate the reason the student has more than the maximum number of attempted hours. If you are unaware of a circumstance that prevented the student from earning their degree within the maximum timeframe, please choose 'Other Circumstance'

- Transfer Hours Changed Major Second/Additional Degree Other Circumstance

Comments: _____

Name: _____ Email: _____

Academic Advisor's Signature: _____ Date: _____

For Office Use Only			
<input type="checkbox"/> APxM (RRAAREQ)	<input type="checkbox"/> ROANYUD Graduation Term	<input type="checkbox"/> Staff Initials _____	<input type="checkbox"/> Date _____