

Financial Aid Office

2405 E. College Way – Lewis 121 Mount Vernon, WA 98273

Phone: MV-360.416.7666/WIC-360.679.5320 Fax: MV-360.416.7886/WIC-360.679.5375

2024-2025 PETITION FOR MAXIMUM TIMEFRAME

Student Name	ctcLink Student ID #
	es in place to measure Satisfactory Academic Progress (SAP) that must so the pace of progress toward a degree. In particular, the student me for the degree program.
	50% of your program's published length. For example, if your 5 credits (90 x 150%). A student becomes ineligible at the point at
Dur records indicate that you are near, or have exceeded, the study. All credits for which you have registered and completed	the maximum number of credits allowed for your program of at SVC and/or transferred to SVC are counted in the total, ch you received the following grades: F (fail), W (withdrawal), I
 you may submit this MTF petition with an explanate You and your advisor should complete the Educatic classes for degree/certificate graduation requirem You are allowed to file a maximum timeframe peticircumstances. 	onal Plan on the back side of this form and indicate required
Use your program's planning guide and consult with your a completion requirements. You may attach additional page:	cademic advisor to ensure you understand your program's s if necessary.
Explain why you have not been able to complete your program w	rithin the 150% credit limit.

The appeals committee will review your petition and you will be notified by email of approval or denial. Typical review may take 2-3 weeks.

Any other pertinent documentation (such as medical) which will support your case, if applicable.

Attach the following items to this form and submit to the Financial Aid Office:

lacksquare A copy of a "What-If" Report for your program.



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EDUCATIONAL PLAN TO GRADUATE Student Name SSN ctcLink Student ID # Educational Program Catalog Year Provide the quarterly sequence of coursework you plan on taking using a Transcript Evaluation or Progress Tracker report. Include each Course Title, Course Number, and number of credits. Future changes to plan content or courses must be submitted to the Financial Aid Office for approval. Quarter/Year: 2. Quarter/Year: 3. Quarter/Year: Course Title/Number Credits Course Title/ Number Credits Course Title/ Number Credits 6. Quarter/Year: _ Quarter/Year: Quarter/Year: Course Title/ Number Credits Course Title/ Number Credits Course Title/ Number Credits 7. Quarter/Year: _ 8. Quarter/Year: _ 9. Quarter/Year: __ Course Title/ Number Credits Course Title/ Number Credits Course Title/ Number Credits We certify that the courses listed above are required for this student's completion of the intended degree or certificate of this petition. This plan of classes should take into consideration: the catalog year for which this student will apply for graduation, courses taken at other post-secondary institutions, course substitutions and waivers officially approved by the Credentials Evaluator, etc. I understand that submitting this form electronically as an email attachment using my SVC email account constitutes my signature and my certification that the information provided herein is complete and correct. Once completed, this form may be submitted via your mySVC email account, to financial.aid@skagit.edu, or the Financial Aid Office drop box. Note: this email address is for document submission only. Student Signature Date Advisor Signature Date

SVC FINANCIAL AID OFFICE USE ONLY

ESK069

Approved Pended Denied

INITIALS
& DATE: