

## 2025-2026 PETITION FOR MAXIMUM TIMEFRAME

Student Name \_\_\_\_\_

ctcLink Student ID # \_\_\_\_\_

Federal law and regulations require colleges to have policies in place to measure Satisfactory Academic Progress (SAP) that must not only consider the grades earned by the student, but also the pace of progress toward a degree. In particular, the student must be on track to graduate within the maximum timeframe for the degree program.

### Definition of Maximum Time Frame:

The federal government defines maximum timeframe as 150% of your program's published length. For example, if your degree requires 90 credits, the maximum timeframe is 135 credits (90 x 150%). A student becomes ineligible at the point at which it becomes mathematically impossible for the student to complete the program within the 150% timeframe.

Our records indicate that you are near, or have exceeded, the maximum number of credits allowed for your program of study. All credits for which you have registered and completed at SVC and/or transferred to SVC are counted in the total, including audits, withdrawals, repeats, and courses for which you received the following grades: F (fail), W (withdrawal), I (incomplete), N (audit), V (ceased attendance or unofficial withdrawal), Y (in progress), Z (hardship withdrawal).

### Petition Process:

- If you believe that unusual circumstances prevented you from completing your program within the 150% credit limit, you may submit this MTF petition with an explanation as to the reason for your completion delay.
- You and your advisor should complete the Educational Plan on the back side of this form and indicate required classes for degree/certificate graduation requirements.
- You are allowed to file a maximum timeframe petition only one time, with the exception of extenuating circumstances.
- You are responsible for making certain that all of your remaining required courses are included on your petition.

Use your program's planning guide and consult with your academic advisor to ensure you understand your program's completion requirements. You may attach additional pages if necessary.

**Explain why you have not been able to complete your program within the 150% credit limit.**

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

- ☐ A copy of a "What-If" Report for your program.
- ☐ Any other pertinent documentation (such as medical) which will support your case, if applicable.

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.

## 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.

1. Quarter/Year: _____		2. Quarter/Year: _____		3. Quarter/Year: _____	
Course Title/Number	Credits	Course Title/ Number	Credits	Course Title/ Number	Credits
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
4. Quarter/Year: _____		5. Quarter/Year: _____		6. 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](mailto: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: