



**OFFICE OF FINANCIAL AID**  
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 Room 3220 [www.essex.edu/fa](http://www.essex.edu/fa)

**MAXIMUM TIME FRAME  
 APPEAL FORM**

**ACADEMIC YEAR:** \_\_\_\_\_

**Please print clearly**

<u>Student Last Name</u>	<u>First Name</u>	<u>ECC ID#</u>	<u>Home Phone</u>	<u>Cell Phone</u>

**Procedures for completing and submitting a Maximum Time Frame Appeal:**

- **You should complete this appeal only if you can complete your degree in one semester/term.**
- Complete this appeal form and attach documentation to support your appeal.
- Take the completed form and documentation to an Academic Counselor.
- The counselor will discuss your academic status with you and decide if you are eligible for an Academic Plan.
- If you are eligible for an Academic Plan, the Academic Counselor/Advisor will forward your appeal our office.
- Aid will be awarded pending financial aid approval and the terms and conditions of the Academic Plan.
- **You will be notified of the results via your ECC email account and or the ECC Portal. You must sign on to [myecc.essex.edu](http://myecc.essex.edu) to view your appeal status. Allow two weeks for your appeal to be reviewed for aid eligibility.**

**Note: If you fail to follow the terms and conditions of the appeal, you will no longer be eligible for aid at ECC.**

<b>STUDENT MAJOR</b>
<b>INSTRUCTIONS</b>
Please briefly describe why you are filing this appeal:
<ul style="list-style-type: none"> <li>• Please explain why you failed to complete your program of study within the maximum time frame allowed for your major.</li> <li>• Please explain what has changed that will allow you to complete all of your requirements in one semester/term.</li> </ul>

**CERTIFICATION STATEMENT**

**I certify that the information on this form and the documentation I am submitting pertinent to this filing is true and correct to the best of my ability.**

Student Signature (Full, no initials)	Date

**OFFICE USE ONLY**

**MAXIMUM TIME FRAME APPEAL WORKSHEET**

Academic Year: \_\_\_\_\_

Summer II     Fall     Spring     Summer I

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ ECC # \_\_\_\_\_

Major: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_ Academic Standing Status: \_\_\_\_\_

Number of Credits Needed for Degree: \_\_\_\_\_ Maximum College Credits Allowed: \_\_\_\_\_

Number of College Credits Attempted: \_\_\_\_\_

Number of Credits Remaining to Obtain a Degree: \_\_\_\_\_ Number of College Credits Attempted: \_\_\_\_\_

Eligible for a Maximum Time Frame Appeal:  YES     NO

**CONDITIONS OF APPEAL**

- Number of credits approved to earn a degree/certificate  
\_\_\_\_\_
- Other: \_\_\_\_\_

**List courses required to complete major requirements:**

1.	5.
2.	6.
3.	7.
4.	8.

Counselor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_