

## **EXCESSIVE HOUR OR EARNED DEGREE APPEAL**

Student Information					
Name	me		ID#		
rte Phone ()			Expected graduation date:		
Degree Plan at LSCPA:					
Semester the Appeal is for   Fall	☐ Spring	☐ Summ	er Academic Year:		
Reason for Appeal					
Have attempted hours which is more that 150% of my current degree plan					
Have an Associate's Degree or	nigher.				
Steps to Appeal					
You must submit this form and a <b>typed</b> expla	anation of your cire	cumstances.			
<ol> <li>Why do you have so many hours in</li> <li>Why should you receive additional?</li> <li>How will the change in your degree</li> </ol> Appeal must be between 50 and 200 words The Excessive Hours (max-time frame) is a magnetic strain of the	imancial aid? impact your future in length (no more leasurement of the e, 150% of a 60 cre ed whether or not or financial aid.	e?  e). Provide any d  e number of credit  edit is 90 credits of  you were using Fi	es you have attempted, including more. It will be less if you are nancial aid when you took the c	g transfer credits. in a Certificate courses. Only	
you have left. No appeal will be reviewed unless you are enrolled in a min		1			
Course		Credit Hours	Recommended Minimum	m GPA	
1. 2.					
3.					
4.					
5.					
6.					
Signature Required					
Student's Signature Da	 te	Advisor's Signa	ture Date		
NOTE: This request must be submitted to the		•			
Sufficient time must be given to the Financ	al Aid Office to re	view the request	(usually 1 week, except during	peak periods please	
allow extra time) to be processed.			Office	e Use Only	

Financial Aid Office: Student Center Room 304 Mail: PO Box 310 Port Arthur, TX 77641 Phone 409-984-6203 \* Fax: 409-984-6025 FinancialAid@lamarpa.edu

(EHED)