Please Use Black or Blue Ink

Student Name: ____________________________

The student is also required to submit the Satisfactory Academic Progress Appeal form outlining the circumstances leading to excessive hours attempted. The remainder of this form is to be completed by the student’s academic advisor or authorized representative within the academic department.

To Be Completed by the Academic Advisor:

By federal regulation, students have a maximum time frame (total hours attempted, including grades of “W”) in which to complete degree requirements and still qualify for financial aid. If an exception is to be made, the rationale must be documented and available for audit in the student’s financial aid file.

<table>
<thead>
<tr>
<th>Degree Sought</th>
<th>Maximum Hours Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate</td>
<td>180*</td>
</tr>
<tr>
<td>Masters**</td>
<td>56**</td>
</tr>
<tr>
<td>Doctorate</td>
<td>128</td>
</tr>
<tr>
<td>Doctor of Veterinary Medicine</td>
<td>255</td>
</tr>
</tbody>
</table>

*BAR in Architecture maximum is 231 hours  
*Ben in Architectural Engineering maximum is 236 hours  
*BLA in Landscape Architecture maximum is 225 hours  
*BSBE in Biosystems Engineering maximum is 200 hours  
*BSCV in Civil Engineering maximum is 204 hours  
**MS in Comm Sciences and Disorders maximum is 78 hours  
**MS in Counseling maximum is 90 hours  
**MBA in Business Administration maximum is 78 hours

1. Academic Plan:  

Degree ____________________________  
Major ____________________________  
Option (if applicable) ________________

2. Anticipated Graduation:  

Semester __________  
Year ________

3. Why does the student need to take additional hours to satisfy degree requirements? For example, has the student lost hours through transfer, changes in major, etc.?

________________________________________________________________________

4. How many additional hours are required to complete the degree?  

________________________________________________________________________  

Please include any planned Spring 2019 enrollment in your calculation.

________________________________________________________________________

Name of Advisor (please print or type) ________________________________  
Academic Department ________________________________

Signature of Advisor (electronic signatures not acceptable) ________________________________  
Date ________________________________

Return to:  
Office of Scholarships and Financial Aid  
119 Student Union  
Stillwater, OK 74078-5061  
Phone: (405) 744-6604  
FAX: (405) 744-6438  
Questions? Email finaid@okstate.edu