

Maximum Time Frame Extension



Name _____

Student ID# _____ Major/Program _____

Complete this form
and return to the TSTC
Financial Aid Office.

Part I - to be completed by student

When did you enter TSTC? Semester _____ Year _____

When will you graduate? Semester _____ Year _____

Why are you going to graduate behind schedule? _____

I certify that the above information is correct.

Student Signature _____ Date _____

Part II - to be completed by program chair/advisor

A program evaluation (EVAL) must be attached

I have reviewed this student's curriculum and transcript and certify that the student has been advised of the courses that are required for graduation.

Comments _____

Advisor Signature _____ Date _____

Part III - to be completed by financial aid office

This request is: Approved Denied Appeal code _____ Override date _____

Comments _____

Financial Aid Representative _____ Date _____