



Office of Financial Aid
MAXIMUM HOURS APPEAL

Name _____ Bear # _____

What semester(s) are you requesting reinstatement? _____

Your academic advisor must complete and sign this section.

Undergraduate Program

Projected Graduation Date (*Term/Year*): _____ / _____

Comments (Please provide comments on what has contributed to extended time in degree completion):

Advisor/Department Administrator (Print Name and Signature)

Date

Advisor/Department Administrator contact info (email and/or phone)