



Financial Aid

S. 16th Avenue & Nob Hill Boulevard, PO Box 22520, Yakima, WA 98907-2520
P: 509.574.6855 • Fax: 509.574.4740 • finaid@yvcc.edu • www.yvcc.edu

Maximum Time Frame Appeal/Review for Financial Aid Reinstatement

Table with Student Information header and fields for Student Name, CTCLink ID, Student's Preferred Email, Student Phone Number, and Pathway/Program Name.

THIS FORM MUST BE WRITTEN AND SIGNED IN INK PEN, NOT PENCIL.

Please read the instructions: Your financial aid has been suspended because you have exceeded or will exceed the allowable timeframe to complete your degree program with financial aid at Yakima Valley College.

Attachments: Petitions must include ALL of the following (they should be attached to this form)

- 1) A personal statement that explains why the initial timeframe to complete your degree program was not sufficient and why you need additional time and units now.
2) A current and complete academic plan, signed by you and your Pathway Advisor or an Advisor in the Counseling and Advising Center.

The information on the academic plan has been provided to the student with the intent that it is accurate and current; however, errors may occur due to the possible changes in curriculum. We recommend frequent contact with an advisor and consulting the online catalog.

I understand that YVC personnel have the right to clarify and verify the information provided in this petition. I understand that additional information or documentation may be required. I certify that this information is true and complete to the best of my knowledge. I have attached the documentation specified in the instructions.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Name: \_\_\_\_\_ Extension: \_\_\_\_\_

Advisor Notes:

Large empty rectangular box for advisor notes.



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**Academic Plan**

Program Information	
Program of Study	CTCLink Program Code
Estimated Completion Date	Academic Year

Enter your class schedule below. If you have on-line classes, please list the date you anticipate completing the class. **Only classes necessary for graduation will be funded; please do not list remedial classes unless required by placement or electives unless required by program.**

Quarter One		Quarter Two		Quarter Three		Quarter Four	
<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter
<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
Course Number/Class Title	UNITS	Course Number/Class Title	UNITS	Course Number/Class Title	UNITS	Course Number/Class Title	UNITS
<b>Quarter Total Units</b>		<b>Quarter Total Units</b>		<b>Quarter Total Units</b>		<b>Quarter Total Units</b>	

Quarter Five		Quarter Six		Quarter Seven		Quarter Eight	
<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter
<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
Course Number/Class Title	UNITS	Course Number/Class Title	UNITS	Course Number/Class Title	UNITS	Course Number/Class Title	UNITS
<b>Quarter Total Units</b>		<b>Quarter Total Units</b>		<b>Quarter Total Units</b>		<b>Quarter Total Units</b>	

Quarter Nine		Quarter Ten		Quarter Eleven		Quarter Twelve	
<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter
<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
Course Number/Class Title	UNITS	Course Number/Class Title	UNITS	Course Number/Class Title	UNITS	Course Number/Class Title	UNITS
<b>Quarter Total Units</b>		<b>Quarter Total Units</b>		<b>Quarter Total Units</b>		<b>Quarter Total Units</b>	



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Personal Statement

Student Name	CTCLink ID
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Please complete a personal statement in the space below answering the following questions.

1. Why have you accumulated so many credits without earning an associate's degree?
2. How will you ensure you meet progress and finish your program within a reasonable amount of time?

For Office Use Only:

Approved Beginning  Fall 20\_\_\_\_  Winter 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

Academic Plan \_\_\_\_\_ # of Qtrs Maximum, \_\_\_\_\_ # of Credits, \_\_\_\_\_ # of Credits added to Max Units

Denied Reason: \_\_\_\_\_

MTF Appeal marked "completed"  LWE Comm Added

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