



Request for Extension of Hours
 Financial Aid Office · P.O. Box 3649, Fort Smith, Arkansas 72913-3649
 Fax: 479-788-7095 · Phone: 479-788-7090
 Email: finaid@uafs.edu

Student's Name: _____ Term to reinstate: _____ ID#: _____

Student's E-Mail Address: _____

Current Major: _____ Term Current Major was declared: _____

List all Previous Majors: _____

Maximum Attempted Hours Limits

1 Year Certificate	45	Bachelor of Music Education	193.5
AA, AGS, AAS Degree	90	AAS Radiography	115.5
Bachelor's Degree	180	BS Electrical Engineering	195
Associate's Degree	90	BS Mechanical Engineering	193.5

ADVISOR:

Please attach an updated degree audit noting the courses which the student has left to complete.

Number of additional credit hours needed to complete degree (include currently enrolled hours) _____

Academic Advisor Signature: _____ **Date:** _____

STUDENT:

- In a **TYPED** letter, explain why you have attempted more hours than are allowed for your program, and include any relevant documentation.
- Attach a detailed list by semester of the classes that you will be taking to complete your degree.

By signing my name below, I acknowledge that I have read and understand the above provisions, and that the information I have provided in my appeal is true and correct. In addition I grant permission for this appeal including any medical records and all documentation to be kept on file in the Financial Aid office and reviewed and discussed by authorized personnel. Furthermore, I understand that I will be given only the number of credit hours approved to complete my degree.

Signature _____ **Date** _____

For Office Use Only

Number of Total Attempted Hours _____
 Number of Extended Hours Needed _____
 Maximum Attempted Hours Limit for Current Degree _____
 New Maximum Hours Attempted Allowable _____

GPA _____ **%Completion** _____ **SAP Code** _____