



**SOUTH TEXAS
COLLEGE**

Student Financial Services – K1.700
3201 W. Pecan Blvd., McAllen, Texas 78502
PH (956) 872-8375 * Fax (956) 872-6461

Maximum Timeframe Calculation Agreement

STC ID: A Phone Number: _____

I, _____ am aware that I have reached the Maximum Timeframe attempted hours allowed to finish my program of study (major) and that I have not completed that program of study and for this reason, I have been placed on Financial Aid Suspension.

Instructions: Please read and initial the statements below. Typed signature/initials are not allowed

_____ I understand that South Texas College allows for a re-calculation of my Maximum Timeframe attempted hours by reviewing my degree plan and removing attempted hours that do not count toward graduation from my current program of study; this could be because of:

- Transferred attempted credit hours,
- Developmental attempted credit hours,
- Credit hours attempted from a previous major that do not apply to new major or
- Credit hours attempted from a major where I have already graduated.

_____ I understand that I must provide a degree plan from Degree Works along with this form. The degree plan will contain the grades from the semester where I ended up on Financial Aid Suspension for Maximum Time Frame. I also understand that a Student Success Specialist or Faculty Advisor from my program of study will sign the degree plan.

_____ I understand that if I get attempted hours removed from my current degree plan, I cannot change my major. If, for any reason I change my major, I understand my financial aid status will again be Financial Aid Suspension under Maximum Timeframe in that semester and my **financial aid will be cancelled**, unless a new degree plan is provided.

_____ I certify my understanding of the Pell Grant Lifetime Eligibility Used (LEU) regulation, explained to me by a Financial Aid Staff member.

I understand that if I have any questions or concerns about the information contained within this form, I am always welcome to visit any of the STC Student Financial Services Offices, to address my questions or concerns.

By signing below, I am certifying that I have read and understood the information contained within this letter.

Student Signature: _____ **Date:** _____

Student Financial Services Department Use Only

Approved by: _____ Date: _____ (A)

Disapproved by: _____ Date: _____ (X)

Waived by: _____ Date: _____ (W)

To Be Worked On by: _____ Date: _____ (V)

Incompleted and ROAMESG by: _____ Date: _____ (N)

Comments: _____

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