



# MAXIMUM CREDIT APPEAL

**Financial Aid Office**  
**Phone: (208) 524-3000 ext. 7**  
**Toll Free: 1-800-662-0261**  
**Fax: (208) 525-7026**  
[financial.aid@cei.edu](mailto:financial.aid@cei.edu)

1600 S. 25<sup>th</sup> E. Idaho Falls, Idaho 83404

First Name	Last Name	Student ID	Last 4 SSN	Phone Number
			XXX-XX	

**Policy:** Students must be able to complete their declared degree/certificate program within 150% of the published number of credit hours required to complete the program. For example, if the published length of an Associate of Applied Science degree is 64 credit hours, students must be able to complete their program within 96 attempted credit hours.

**The maximum credit calculation is performed as follows:**

All CEI credit hours attempted in a declared degree/certificate program (including repeated credits) plus all transfer credit hours accepted by CEI, as both attempted and completed credits, count towards the maximum credit calculation. The total number of credits will be used to determine progress towards the declared degree/certificate.

Students may change their declared degree/certificate program however; all attempted credits that are required towards the new declared degree/certificate will be counted towards the maximum credit calculation.

**\*\*\*Attach a statement including the following:**

- Why you have exceeded the maximum number of credits for your degree or certificate?
- What has changed that will allow you to complete your degree/certificate within the time frame indicated on this appeal?
- How many semesters will you need to complete your degree and receive Financial Aid?

<b>Current Degree or Certificate Objective:</b>	<b>Expected Graduation date:</b>
---	----------------------------------

**Outline the classes you intend on taking to complete your degree below. Please attach a copy of your degree audit.**

Semester	Year	Course Number	Course Title	Credits

**Student Certification:** I certify that all statements in this appeal and all documents submitted are true and accurate. I agree to the terms of the appeal process and understand that if documentation is not attached or sufficient, it will be returned as incomplete.

**WARNING: If you purposely provide false or misleading information, you may be subject to a fine, imprisonment, or both.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Advisor Signature

\_\_\_\_\_  
Date

<b>Financial Aid Office Use only</b>	Received By:	Date Received:	Documentation Received <input type="checkbox"/>
Appeal Committee Member :		Approved : <input type="checkbox"/>	Denied: <input type="checkbox"/>
Appeal Committee Member :		Approved : <input type="checkbox"/>	Denied: <input type="checkbox"/>
Appeal Committee Member :		Approved : <input type="checkbox"/>	Denied: <input type="checkbox"/>
<b>Financial Aid Processing Advisor:</b>		Approved : <input type="checkbox"/>	Denied: <input type="checkbox"/>
Awarded <input type="checkbox"/> Date:	Email notification <input type="checkbox"/>	Processed By:	Date:
<b>Comments:</b>			