

Need Assistance?

Contact the Financial Aid Office 1290 North Ave Cleveland, WI 53015 Toll Free: 1.888.GOTOLTC, ext. 1718 Email: financial.aid@gotoltc.edu Fax: 920-693-1834

Maximum Time Frame Plan

	Student ID #: Program/Degree:
Number of credits needed to graduat	te:
establishing a Maximum Time Frame Redetermines the remaining courses need will be taken. As long as you follow the meeting satisfactory academic progress financial aid (which includes grant, woo Maximum Time Frame Plan, or if you fallowed a <u>one-time</u> appeal. After that	Plan with your Program Counselor. A maximum time frame plan eded for graduation from your program as well as when those courses he terms of the Maximum Time Frame Plan, you will be considered ess. Failure to follow the Maximum Time Frame Plan will result in a loss of ork-study, and student loans). Should a need arise to change the fail to meet the terms of the Maximum Time Frame Plan, you will be t, you will lose all financial aid eligibility.
•	
needed to graduate.	ising the attached template (or similar listing) to list as the courses
3	nrogram/degree No other classes should be taken
before your plan can be approved.	exceeding the maximum time frame has been approved. You can regain eligibility by aximum Time Frame Plan with your Program Counselor. A maximum time frame plan emaining courses needed for graduation from your program as well as when those courses a long as you follow the terms of the Maximum Time Frame Plan, you will be considered tory academic progress. Failure to follow the Maximum Time Frame Plan will result in a loss of ich includes grant, work-study, and student loans). Should a need arise to change the Frame Plan, or if you fail to meet the terms of the Maximum Time Frame Plan, you will be me appeal. After that, you will lose all financial aid eligibility. In the frame Plan using the attached template (or similar listing) to list as the courses ate. In the series required for your program/degree. No other classes should be taken. In the prerequisites for the classes. In the previous present in the present in the previous forms and the previous forms are present in the previous forms are present in the previous forms are present in the previous forms are previous forms
Student Signature:	Program Counselor:
Date:	Date:
Return this	completed form to the LTC Financial Aid Office
The financial aid office will consider vo	
The infancial ala office will constact ye	nur explanation and documentation during the review of the appeal
	notified via your LTC student email.
	notified via your LTC student email.
	otified via your LTC student email. Office Use Only:
	Office Use Only: Approved Not Approved
	Office Use Only: Approved



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Catalog Number	Class Name	Number of Credits	Semester Taking Class