



BROOKDALE
COMMUNITY
COLLEGE

**OFFICE OF FINANCIAL AID
MAXIMUM TIME FRAME APPEAL**

Name _____

Date _____ SS # _____

Please describe in detail why you have not completed your educational program within the 150% maximum time frame. Please provide documentation if available.

APPEAL DECISION
MUST be completed by a counselor

Date: _____

Number of credits needed to complete program: _____

Number of terms estimated to complete program: _____

Decision (must be completed): Granted _____ Denied _____

Additional Comments: _____

Student's Signature: _____

Counselor's Signature: _____