

# APPEAL FOR A WAIVER OF THE 120 CREDIT HOUR LIMIT

MT. HOOD COMMUNITY COLLEGE  
OFFICE OF FINANCIAL AID  
26000 SE STARK ST., GRESHAM, OR 97030  
503-491-7262 FAX: 503-491-7379

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Student's Name \_\_\_\_\_ Social Security No / MHCC ID \_\_\_\_\_ Telephone Number \_\_\_\_\_

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Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Degree sought at MHCC: \_\_\_\_\_

I plan to complete my degree or certificate at Mt. Hood Community College by \_\_\_\_\_ term, 20\_\_\_\_\_.  
I need more time to complete my degree or certificate because (include reason for change of major):

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(If you need more space to write, attach a separate sheet of paper)

**SUBMIT A COPY OF YOUR EDUCATIONAL PLAN AND DARS REPORT SIGNED BY YOUR ACADEMIC ADVISOR**

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

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## FINANCIAL AID OFFICE USE ONLY

**APPEAL APPROVED** Aid continued through \_\_\_\_\_. You **must** complete the approved courses on your education plan you submitted with this appeal. If the order in which you intend to complete the classes changes, please notify this office in writing of such changes **before** they need to happen.

**APPEAL DENIED**  **APPROVED/AMENDED DATE:** \_\_\_\_\_.

Unless otherwise stated, this means you are no longer eligible for any type of aid, including loans.

- No graduation application or IEP attached
- Education objective or degree unclear
- Too much inapplicable coursework
- Not pursuing a degree at MHCC

Comments: \_\_\_\_\_

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Hold released \_\_\_\_\_

Financial Aid Coordinator \_\_\_\_\_ Date \_\_\_\_\_