

Questions about how to complete this form?

Call 217-786-2237 or 800-727-4161.

[www.llcc.edu/financial-aid](http://www.llcc.edu/financial-aid)

Return completed form to:

LLCC Financial Aid  
5250 Shepherd Road  
Springfield, IL 62794-9256

[financial.aid@llcc.edu](mailto:financial.aid@llcc.edu)  
*Electronic forms only accepted from LLCC email addresses.*

217-786-2229 fax

## 150% MAXIMUM LIMIT APPEAL

### Student Information

STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)		SSN OR STUDENT ID	
ADDRESS			
CITY		STATE	ZIP
PHONE NUMBER (INCLUDE AREA CODE)		NEW ACADEMIC PROGRAM <i>(You must be accepted into this program before an appeal can be considered.)</i>	

### Criteria

**The following criteria must be met before submitting your appeal:**

1. Complete the FAFSA at [www.fafsa.gov](http://www.fafsa.gov).
2. Not be in default on any prior federal student loans.
3. Be in compliance with the Cumulative GPA and Completion portions of the LLCC Financial Aid Satisfactory Progress Policy (or have a suspension appeal approved by LLCC Financial Aid).
4. If your major is nursing (LPN or ADN), RCP, radiography, occupational therapy or NDT, you must be admitted to the program before an appeal can be approved.

### Why Have You Exceeded the 150% Limit?

**Choose one of the following.**

I have changed my academic program. Please list your former academic program(s). Note that if the Appeals Committee can not determine a clear change in program, you will be denied.

Former Program(s): \_\_\_\_\_

Other. Please attach a letter of explanation and documentation to substantiate your situation. *Your appeal will not be considered without your letter and documentation.*

### Obtain a Signed Program Evaluation from a Student Success Coach.

The program evaluation must indicate the courses you need to complete your **current** academic program.

*Your appeal will not be considered without a program evaluation.*