You are receiving this form because you are reaching your maximum eligibility. You may petition to receive financial aid for the remainder of your program of study. This petition is used to determine whether your aid eligibility can be extended beyond the maximum time frame. Federal Regulations stipulate that you may be funded up to 150 percent of your program.

**STEP 1:** Meet with your Academic Advisor to map your final semesters at TXWES. Get a copy of your current degree audit, and an “education plan” (list out all the classes you must complete to graduate and which semesters you will take them).

**STEP 2:** Turn in this completed form with the documents from your Academic advisor. If your petition is approved, you will be funded for the courses that are required for you to complete your degree.

**Note:** Your request will not be reviewed unless ALL documentation is submitted and requirements met. Additional documentation may be requested after the initial review.

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**Student Name:** _______________________________  **TXWES ID #:** __________________________

**Phone #:** ____________________________  **Email:** ________________________________

- I request that my aid eligibility be extended to allow me to complete my current degree.
- I plan to complete my program at the end of:  **Term _______  Year ________**

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**To be Completed by Academic Advisor** (please provide the requested documents)

- [ ] Attached is a current Degree Audit that has been reviewed by Academic Advisor.
- [ ] Attached is an “education plan” (a list of all required courses needed to complete their program of study and the semesters they will be taken).

By signing this petition, I certify that I have met with the student and the courses listed on the “education plan” are the required courses to complete the listed program of study.

**Academic Advisor’s Signature:** _______________________________  **Date:** ________________

**Academic Advisor’s Printed Name:** ________________________________

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**Certifications and Signatures**

I certify that all the information contained on this form is complete and correct. I understand that I must complete all sections, sign, and return this form for my acknowledgment to be processed for consideration. I understand that it may take 5 – 7 business days for this request to be processed.

*Print this form and sign with a pen. Electronic signatures are not accepted.*

**Student’s Signature (Required)  Date**

**OFFICE OF FINANCIAL AID USE ONLY**

- [ ] Approved for ________ extended credits. Aid eligibility stops at the end of ________ credits.
- [ ] Denied  [ ] Petition tabled – need more information.  **Date:** ________________

**Comments:**

_____________________________  __________________________

**Financial Aid Advisor/Director Signature  Date**

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WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

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Office of Financial Aid  |  1201 Wesleyan St. Fort Worth, TX 76105  |  817-531-4420  |  FAX: 817-531-4231  |  financialaid@txwes.edu

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