



**EXCESS CREDIT FEE APPEAL FORM**

Your appeal must be received prior to the final deadline for withdrawal from a course with a grade of "W" that is included in your institution's catalog or calendar. Appeals received after this deadline will be applied to the following semester. Submit this form directly to your institution's admissions/records office.

Beginning Fall 2014, a 50 percent Excess Credit Fee on the per-credit registration fee will be charged to a student who has attempted credits equal to 150 percent or more of the credits required for the student's program of study. The excess credit fee shall be imposed on registration fees charged in all terms, including summer, after passing the threshold number of credits until a degree or certificate is awarded to the student. (NSHE Handbook, Title 4, Chapter 17, Section 4.) Attempted credits include all graded courses on a student's transcript, including, but not limited to, repeated courses, transfer courses, and the grades of F, I, P, S, U, and W.

Only **complete** and signed appeals will be reviewed.

**I. Student Information**

Student ID: \_\_\_\_\_

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Declared Major(s): \_\_\_\_\_

Appeal for Term: \_\_\_\_\_

Institution: \_\_\_\_\_

Total Credits Remaining until Graduation: \_\_\_\_\_

Estimated Date of Graduation: \_\_\_\_\_

I have applied for or am receiving Financial Aid:  Yes  No

(Please note: The excess credit fee will not be covered by financial aid. In addition, you may be required to fill out a separate form for any appeals related to financial aid.)

**II. The following credits may be excluded from the 150 percent excess credit fee calculation. Check any that may apply to you:**

- Credits earned through examinations for determining credit for prior learning as authorized in Title 4, Chapter 14, Section 22 of the Board of Regents Handbook (such as AP exams, CLEP, Excelsior College Exam, NLN, NOCTI, IB, DSST, ACE Military Credit, ACE and Corporate Credit).
- Credits attempted while enrolled as a high school student if those credits do not meet degree requirements for the student's program of study.
- Credits attempted at an institution outside NSHE if those credits do not meet the degree requirements for the student's program of study.
- Credits attempted for remedial courses. (Note: Institutions may have already removed these credits from the calculation.)
- Credits attempted for community service courses.
- Credits from previously earned degrees or certificates if they are the same level as the student's current degree objective.
- Other \_\_\_\_\_ (If you check this box, you must submit with this form a clear, detailed personal statement that includes the reason(s) you failed to meet degree completion within 150 percent of the credits required for your program of study.)

**III. Please submit your Academic plan for completing your degree, as required by your institution:** See page 2 of this form.

**IV. I declared more than one program of study (e.g. double major, etc...) that should be considered in the 150 percent excess credit fee calculation:**

Yes  No

By signing below, I certify that I have read and understand the information on this form. I attest that the information I have provided is factual. Misrepresentations are subject to the Board of Regents Rules of Conduct and Procedures for Students under Title 2, Chapter 10 of the Board of Regents Handbook. I further understand that the decision of the Excess Credit Fee Appeals Committee is final and that if my appeal is denied I am responsible for any payments that are due to the institution.

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

Date: \_\_\_\_\_

**Office Use Only**

**Approved** Number of credits approved for exclusion: \_\_\_\_\_ Beginning: \_\_\_\_\_ 20: \_\_\_\_\_ semester/Ending: \_\_\_\_\_ 20: \_\_\_\_\_ semester

**Denied**

**Academic Plan completed**

Notes, if any: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Nevada System of Higher Education – Excess Credit Fee Appeal Form**

**Student Academic Plan**

*[Please note: Institutions may customize this page.]*

List the classes that you plan on taking that are required to complete your declared degree objective. In lieu of completing this form, you may submit a screen shot of your academic plan (“My Planner”), as approved by your advisor. Circle the term and indicate the year below.

Fall/Spring/Summer \_\_\_\_\_

Course	# Credits	Course	# Credits
1. _____	_____	1. _____	_____
2. _____	_____	2. _____	_____
3. _____	_____	3. _____	_____
4. _____	_____	4. _____	_____
5. _____	_____	5. _____	_____
6. _____	_____	6. _____	_____

Fall/Spring/Summer \_\_\_\_\_

Course	# Credits	Course	# Credits
1. _____	_____	1. _____	_____
2. _____	_____	2. _____	_____
3. _____	_____	3. _____	_____
4. _____	_____	4. _____	_____
5. _____	_____	5. _____	_____
6. _____	_____	6. _____	_____

Advisor Signature \_\_\_\_\_ Date: \_\_\_\_\_

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*[Institutions may insert institution-specific contact information here]*