

## Max Time Frame Evaluation Request

Student Name: \_\_\_\_\_ LCC ID#/Last Four of SSN#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What program of study are you currently enrolled in? \_\_\_\_\_

How many times have you changed your program since you first enrolled at LCC? \_\_\_\_\_



**Certification:**

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form.

**WARNING:** If you purposefully give false or misleading information on this form, you may be fined, sentenced to jail, or both.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_