



KANSAS BOARD OF REGENTS

## KANSAS PROMISE ACT SCHOLARSHIP PROGRAM PROGRAM COMPLETION TIMEFRAME EXTENSION REQUEST FORM

As a recipient of the Kansas Promise Act Scholarship, by law you are required to complete a Promise-eligible program within 36-months of first receiving a Promise Act Scholarship award. This 36-month timeframe can be extended if a recipient is currently enrolled in a Promise-eligible program **AND** was unable to complete a Promise-eligible program within the 36-month requirement after making the best possible effort to do so.

**PLEASE NOTE:** If a Kansas Promise Act Scholarship recipient has not completed a Promise-eligible program within the required 36-month timeframe and has not requested or is not approved for an extension of the 36-month program completion timeframe, then the Kansas Promise Act Scholarship recipient must repay the total amount of Promise Act Scholarship funding they received, plus accrued interest.

### SECTION A: Please complete this required section with your current information.

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Previous name (if applicable) \_\_\_\_\_

Current Address: \_\_\_\_\_  
STREET CITY ST ZIP

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Are you a current resident of Kansas?  Yes  No

**PLEASE NOTE:** This extension **DOES NOT** increase the \$20,000 or 68 credit-hour lifetime limits for the Kansas Promise Act Scholarship. It only extends the amount of time you have to complete your Promise-eligible program. You must be currently enrolled in a Promise-eligible program if you are requesting an extension to your program completion timeframe. If approved, your degree completion timeframe will be extended only for the duration that is needed for you to complete the Promise-eligible program. Requests for extension are reviewed on a case-by-case basis; there is no guarantee that your request will be approved. Extensions will only be approved for reasons permitted by law. Typically, extension requests will only be approved once.

### REQUIRED SUPPORTING DOCUMENTATION

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In addition to completing this form, you must also provide the following items to support your request:

- A typed statement explaining the circumstances that led to you not being able to complete your Promise-eligible program within 36-months of first receiving a Kansas Promise Scholarship award. You must outline the steps you tried to take to make the **best possible effort** towards completing the program within 36-months, and why those steps were not successful.
- Supporting documentation that confirms the circumstances and steps outlined in your statement.  
*This could include, but is not limited to, a signed statement from an appropriate administrator at your institution explaining the circumstances that caused your inability to complete your Promise-eligible program within 36 months. This could also include other documents that confirm the steps and/or circumstances outlined in your statement.*

**SECTION B: COLLEGE ENROLLMENT VERIFICATION AND PROGRAM COMPLETION PLAN**

**This section must be completed by an authorized official at your institution.** An authorized official is an official of a qualifying institution that has access to your student enrollment information and understands the remaining courses that you must take in order to complete your Promise-eligible program; preferably, this would be an official that serves as your academic advisor. Your college must verify that you are currently enrolled in a Promise-eligible program and your anticipated program completion date.

College Name: \_\_\_\_\_

Promsie-Eligible Program(s) student is pursuing:

\_\_\_\_\_

Student is (check one):  Enrolled (in the current or upcoming semester).  
 Not enrolled (Please explain further by attaching a supporting statement).

How many more credit hours does the student need to complete in order to complete their Promise-eligible program? \_\_\_\_\_

Anticipated Completion/Graduation Date (MM/YYYY): \_\_\_\_\_  
(Please list the month/year that the student will complete their Promise-eligible program. This will be the month/year that will be used if the student's timeframe extension appeal is approved).

Can the student reasonably complete their Promise-eligible program by the date listed above?  Yes  No

By signing, I certify that the information in Section B is true, complete, and correct to the best of my knowledge and belief, that I am an authorized official of the institution, and that the named individual in Section A is a student of the college named in Section B. I also certify that the student and I have discussed a program completion academic plan that is reasonable and can be completed by the anticipated completion/graduation date listed above. I understand that the Kansas Board of Regents may reach out to me to confirm any of the information provided on this form.

Signature of Institution Official \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title of Institution Official \_\_\_\_\_

Institution Official's Phone Number \_\_\_\_\_ Institution Official's Email Address \_\_\_\_\_

**STUDENT AGREEMENT & SIGNATURE:**

I certify that all of the information I have provided on this form and in any accompanying pages or documents is true, complete, and correct to the best of my knowledge. I understand that, if approved, this extension request will not increase the \$20,000 or 68 credit hour lifetime limits for the Kansas Promise Act Scholarship and will not guarantee Promise funding to complete the program. If approved, I understand that in order to satisfy the requirements of the Promise Act Scholarship I must complete a Promise-eligible program by the month/year that the extension request has been approved. I understand that within six months of completing a Promise-eligible program I must commence and continue working and living in Kansas for two consecutive years. I understand that if I do not satisfy the requirements of completing a Promise-eligible program or the service obligation, I must repay the total amount of Promise Act Scholarship funding I received, plus accrued interest.

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

Submit your completed form and supporting documents by email to [scholars@ksbor.org](mailto:scholars@ksbor.org) or mail it to the Kansas Board of Regents, 1000 S.W. Jackson, Suite 520, Topeka, KS, 66612.