

**Extension Request**

1<sup>st</sup> Extension: \_\_\_\_\_

2<sup>nd</sup> Extension: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ SID \_\_\_\_\_

A review of your records indicates one of the following:

\_\_\_\_\_ You have exceeded published quarterly length approved for financial aid in your program.

\_\_\_\_\_ You have exceeded the number of published credits approved for financial aid in your program.

Because of the item checked above, you will need to apply for an Extension in order to receive financial aid for the following quarter. An extension for federal financial aid cannot be approved beyond 150% of the published program length and state financial aid cannot be approved beyond 125% of published program length.

**To be completed by Student:**

**Part I.**

If you do not need the extension for your next quarter, please check the box below, sign and date form, and return it to our office.

\_\_\_\_\_ Not applicable. I will not be attending the next quarter and do not need financial aid.

If you will need an extension, please fill out Part II.

**Part II.**

Please tell us how this extension will enable you to graduate from your program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



**To be completed by Instructor:**

Please provide us with the following:

Course(s) left to complete:

If the courses listed are repeats: **Yes\No**

Quarters required for student to complete: \_\_\_\_\_

Credits required for student to complete: \_\_\_\_\_

Upon successful completion of the additional credits\quarters the student will have the required credits needed for their degree or certificate program.

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Instructors signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by Student Services:**

I confirm that upon the successful completion of the above listed credits\quarters, the student will have the required credits needed for their degree or certificate program.

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Student Services Signature \_\_\_\_\_ Date \_\_\_\_\_

**Financial Aid Approval**

\_\_\_\_\_ Approved for \_\_\_\_\_ Credits\Quarters      \_\_\_\_\_ Denied (Schedule appointment with student)

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Financial Aid Signature \_\_\_\_\_ Date \_\_\_\_\_