

## PETITION FOR EXTENSION OF FINANCIAL AID 2009-2010

Federal financial aid regulations require schools to establish a maximum time limit on financial aid. At LBCC, we require a review of your educational plan at 60 units.

It is recognized that occasionally, for unusual circumstances, an extension may be necessary to enable a student to reach his or her educational objective. It is for this reason that the Petition for Extension is available for qualified students.

In counting units for this purpose, all previous college units may be included whether taken at Long Beach City College or elsewhere whether taken while on financial aid or not. If you are using units from a college you previously attended toward your current educational goal, you will need to have your transcripts sent to LBCC Admissions & Records.

### **PROCEDURE:**

1. If you have not done so, send for transcripts from all previous colleges. Forms for this purpose are available in the Admissions Office.
2. Meet with an academic counselor to discuss the courses you still need in order to meet your degree objective. Be sure and list those courses on the petition for both fall and spring semesters. If you have one, attach a copy of your education plan to this petition.
3. Complete the attached petition form.

### **IMPORTANT INFORMATION — Please read:**

1. If your petition is approved, you must take the classes you list on your petition. If you decide to take different classes, you must fill out a new Petition for Extension to have those classes approved.
2. If you take classes that are not approved, and which are not required for your degree objective, causing you to need even more time to graduate, future Petitions for Extension will be denied until the non-required units are offset by completed, required classes.

### **PLEASE RESPOND TO ALL ITEMS ON THE PETITION**

Incomplete Forms Will be Returned to You

## PETITION FOR EXTENSION OF FINANCIAL AID 2009-2010

Fill in your name and address on the following lines:

Name \_\_\_\_\_ Student ID # \_\_\_\_\_  
Current Address \_\_\_\_\_ Home Phone # \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Cell Phone # \_\_\_\_\_

----- OFFICE USE ONLY -----

Dear Student:

Your petition to continue to receive financial aid has been:

|  |                                    |                                    |                                      |                                |
|--|------------------------------------|------------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> <b>APPROVED:</b>  | <input type="checkbox"/> 2009/2010 | <input type="checkbox"/> Fall 2009 | <input type="checkbox"/> Spring 2010 | <input type="checkbox"/> Other |
| <input type="checkbox"/> Your approval is limited as follows: Fall 09 _____ units    Spring 10 _____ units    Summer 10 _____ units  |                                    |                                    |                                      |                                |
| _____  |                                    |                                    |                                      |                                |
| _____  |                                    |                                    |                                      |                                |
| <input type="checkbox"/> Approved, but not eligible due to current suspension  |                                    |                                    |                                      |                                |
| <input type="checkbox"/> Another petition will be required for subsequent semesters  |                                    |                                    |                                      |                                |
| <b>NOTE:</b> A copy of your petition with the approved classes is included with this letter. <b>Only these classes are approved.</b> If you need to make changes to the classes listed, you must notify the Financial Aid Office by filling out a new <u>Petition for Extension</u> with the new classes. Schedules may be reviewed before checks are ordered. |                                    |                                    |                                      |                                |

|  |
|--|
| <input type="checkbox"/> <b>PENDING:</b>                         |
| <input type="checkbox"/> Appointment with _____                  |
| <input type="checkbox"/> Form completion – see highlighted areas |
| <input type="checkbox"/> Other _____                             |

|   |
|---|
| <input type="checkbox"/> <b>DENIED:</b>   |
| <input type="checkbox"/> Did not take the classes on the previous extension   |
| <input type="checkbox"/> Too many non-required classes on Petition  |
| <input type="checkbox"/> Other _____  |
| _____   |
| _____   |
| You may appeal this decision in person by calling the Financial Aid Office, at LAC 562-938-4257 or PCC 562-938-3955, for an appointment with a Financial Aid Counselor. Be sure to mention that your appointment is to appeal a <u>Petition for Extension</u> . |

I wish you continued success in reaching your educational and career goals.

Sincerely,

\_\_\_\_\_  
*Financial Aid Counselor*

**PETITION FOR EXTENSION OF FINANCIAL AID  
2009-2010**

NAME: \_\_\_\_\_  
Last, First, Middle Initial Student ID#

Your Petition for Extension will be considered only for the classes and semesters you indicate below. **Be sure to list classes for each semester** for which you are applying for financial aid.

| <b>FALL 2009</b><br>(List the courses you plan to take) |              |
|---|--------------|
| <u>COURSE NAME</u>                                      | <u>UNITS</u> |
| _____   | _____        |
| _____   | _____        |
| _____   | _____        |
| _____   | _____        |
| _____   | _____        |
| _____   | _____        |

| <b>SPRING 2010</b><br>(List the courses you plan to take) |              |
|---|--------------|
| <u>COURSE NAME</u>  | <u>UNITS</u> |
| _____   | _____        |
| _____   | _____        |
| _____   | _____        |
| _____   | _____        |
| _____   | _____        |
| _____   | _____        |

How were these classes chosen? \_\_\_\_\_ From the Curriculum Guide corresponding to your major  
 \_\_\_\_\_ Upon the advice of a Counselor (Attach Education Plan)

What is your major? \_\_\_\_\_

Have you attended any other college(s)? Yes  No   
 If "yes," which college(s) \_\_\_\_\_ How many units did you complete? \_\_\_\_\_

Are transcripts on file in Admissions & Records? Yes  No

What is your degree objective?  AA/AS Degree  Certificate Program  Transfer to 4-year College/University  
(Check all that apply)

If transferring, to which school \_\_\_\_\_  Plan B or  Plan C

When are you planning to: Graduate from LBCC? \_\_\_\_\_ Transfer from LBCC? \_\_\_\_\_  
Month/Year Month/Year

Have you taken the Assessment Test?  Yes  No Completed Orientation?  Yes  No

Counseling 1?  Yes  No Learn 11?  Yes  No Counseling 49?  Yes  No

When was the last time you met with your counselor? \_\_\_\_\_

Because you have exceeded the minimum of 60 units required to reach an AA/AS degree or to transfer, please explain why you have been unable to reach your academic goal (such as a change of major, change of career goal, need for basic skills classes, etc.). Also include an explanation as to why you need to take the above classes:

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

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Transcripts Reviewed: Yes  No  Date \_\_\_\_\_

Units from other college applicable to current degree \_\_\_\_\_

|                 |                 |              |       |
|-----------------|-----------------|--------------|-------|
| Total Units     | Non-Degree Appl | Non-Transfer | ESL   |
| _____           | _____           | _____        | _____ |
| Total Completed | Through         |              |       |
| _____           | _____           |              |       |

**DECISION:**

|  |  |  |
|--|--|--|
| Fall:  | Spring:  | Summer:  |
| Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> | Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> | Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> |

Professional Judgment Comments: \_\_\_\_\_

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Financial Aid Counselor \_\_\_\_\_

If over 150%, 2<sup>nd</sup> Financial Aid Counselor \_\_\_\_\_

Date \_\_\_\_\_