

2014-2015



Financial Aid Office

5150 N. Maple Avenue, M/S JA 64

Fresno, CA 93740-8026

Phone: (559) 278-2182 Fax: (559) 278-4833

www.fresnostate.edu/studentaffairs/financialaid/

Program Unit Extension Response

Name: _____	Student ID: _____
Address: _____	Phone: _____
_____	E-mail: _____

Your Program Unit Extension has been **approved as:**

An Undergraduate student in the _____ program with _____ extended units.

A Post-graduate student in the _____ program with _____ extended units.

A Post-graduate student admitted to the Master's program for _____ with _____ extended units, following the completion of your initial credential program.

A Post-graduate student admitted to the Doctorate program for _____ with _____ extended units, following the completion of your initial Master's degree program.

Refer again to the Satisfactory Progress Policy at www.fresnostate.edu/studentaffairs/financialaid/policies/ for more information regarding Maximum Unit requirements.

Your Petition has been **denied.**

You did not meet the eligibility requirements to file a program unit extension. You will need to file a Maximum Unit Petition in order to clear this disqualification. Please refer to Form 86 for more information regarding the Maximum Unit Petition.

The major you listed could not be confirmed.

Based on your expected graduation date, additional units are not necessary.

This adjustment will not clear your disqualification status.

Other: _____

Additional Comments: _____

If you have any questions concerning this action, please contact our office as soon as possible.

Financial Aid Counselor/Technician

Date