2015-2016

Form 84

FRESNO STATE
Financial Aid

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 Request

STUDENT ID	LAST NAME	FIRST NAME	PHONE NUMBER (with area code)

PLEASE PRINT IN BLACK INK

The maximum unit limits for financial aid are based on 150% of the program requirements for undergraduates and 125% of the program requirements for post baccalaureates.

UNDERGRADUATES

Funding will be suspended once a student exceeds **180** total units taken, based on a minimum program requirement of 120 units.

POST BACCALAUREATES

Funding will be suspended once a student exceeds **38** total units taken, based on a minimum program requirement of 30 units.

PETITION DEADLINES

Deadlines are set to assure adequate processing time

First Disbursement Deadline: **July, 10th**
Fall Semester Deadline: **October 30th**
Spring Semester Deadline: **April 1st**

If you are in a program which requires more than the stated minimum, you may complete this request for an adjustment according to the published requirements in the catalog.

NOTES

- ➔ **Allow six weeks before contacting our office to obtain status.**
- ➔ **You will need to complete a Maximum Unit Petition if you are exceeding your program units for reasons not listed below. Please see Form 86 for more information regarding the Maximum Unit petition.**

- ☐ I am an **undergraduate student,** admitted in a program that requires more than **120 units.**
- ☐ I am a **post-baccalaureate student,** admitted in a program that requires more than **30 units.**
- ☐ I am a **post-baccalaureate student,** have completed my initial **credential** program and now am admitted into a **Master's** degree program**.**
- ☐ I am a **post-baccalaureate student,** have completed my initial **Master's** degree program and now am admitted into a **Doctorate** program**.**

New Degree Program_____ Units Required _____

Expected Graduation date is _____ for new degree program

CERTIFICATION & SIGNATURE

By signing this request, I certify that all the information reported on it is complete and accurate.

Student Signature: _____ Date: _____

OFFICE USE ONLY

☐ Verified on FA Term and Catalog Total Units Taken _____ Total Units Passed _____ ☐ Personal Comment

❒ **APPROVED**: Units extended to _____

❒ **DENIED**: ☐ Major not be confirmed ☐ Need a MAX unit petition ☐ Based on expected graduation date, additional units not needed

COMMENTS: _____

_____

Counselor/Technician	Date	Compliance Officer	Date