



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