



**Financial Aid Office**

5150 N. Maple Avenue, M/S JA 64  
 Fresno, CA 93740-8026

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

## 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 125% of the program requirements.

**Undergraduates**

Funding will be suspended once a student exceeds **150** 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.

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.

***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

***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