Federal financial aid regulations require schools to establish a maximum time limit on financial aid. The Los Angeles Community College District Financial Aid Satisfactory Academic Progress Policy states that the maximum timeframe for a transfer or Associate degree program is 90 attempted units (certificate programs may have very specific limitations due to the differing lengths of certificate programs). Students who have exceeded their maximum timeframe or have completed an Associate degree (or higher) outside the Los Angeles Community College District (LACCD) must complete the Extension petition process for continued financial aid consideration. This form is for students who have had their initial 2015-2016 Petition for Extension of Financial Aid denied.

INSTRUCTIONS:

1. Complete the attached petition form if you are requesting an extension of financial aid eligibility. Your petition should address reasons other than financial need for extending your financial aid eligibility. Financial need is assumed. Attach any additional documentation to support your petition.

2. Your petition must be completed legibly in ink or typed and contain your complete explanation of circumstances that contributed to your exceeding the maximum timeframe for your current degree/certificate program and/or your reasoning for returning for a new degree/certificate after completing an Associate or higher degree. It is highly recommended that you include a comprehensive explanation for your need to exceed the maximum allowable timeframe for your program, as this is your second petition. You must complete your petition form before continuing to Step 3 below.

3. You DO NOT need to meet with an academic counselor. If you do not want to meet with an academic counselor, proceed to Step 4 below and leave the Academic Counseling form attached to your Petition.

   If your Student Educational Plan (as submitted with your first petition) will change, you need to make an individual appointment with your academic counselor to redefine your educational plan/major and to determine the minimum remaining classes required to meet your educational goal. Your Student Educational Plan (SEP), CSU GE/IGETC Advising Form, and Academic Counseling form must be attached to your petition form.

4. Submit your completed Petition form, Academic Counseling form, and other supporting documents to the Los Angeles Mission College Financial Aid & Scholarships Office. Petitions must be submitted within the given semester for which you are seeking an extension of your financial aid eligibility.

5. The Satisfactory Academic Progress Petition Review committee will review your petition and notify you in writing (or by email) of their decision within 30 working days from the receipt of your petition. If this petition is granted, you will only be eligible to receive financial aid for classes listed on your SEP and approved by the Financial Aid Office. You will receive a listing of approved classes.


   Questions regarding this process can be directed to the Los Angeles Mission College Financial Aid Office. For additional information regarding the Satisfactory Academic Progress policy, general financial aid information and deadlines, please visit the Los Angeles Mission College Financial Aid Office website at www.lamission.edu/financialaid.

* If LA Mission College offers a Winter 2016 session and you are enrolled at LA Mission College during this session, your petition must be submitted by February 5, 2016.

** To Be Determined. If LA Mission College offers a Summer 2016 session, please check with the Financial Aid Office for the deadline date.
THIS FORM IS TO BE COMPLETED BY THE STUDENT. Please complete this form in ink or typed.

Please explain the circumstances and reasons why you wish to be considered for extended financial aid eligibility. You should either address why you have not completed your program of study after attempting 90+ units or address why you are continuing your education at LA Mission College if you have received an AA/AS degree or higher. You may use or attach a separate sheet.

If you have also been disqualified due to unsatisfactory academic progress (i.e., your cumulative GPA is below 2.0 and/or you have completed less than 67% of attempted units), please indicate a) the circumstances that contributed to your inability to maintain satisfactory academic progress, and b) what you have done to address the circumstances that prevented you from maintaining satisfactory academic progress. You may use or attach a separate sheet.

STUDENT CERTIFICATION: I understand that my petition will be reviewed and a decision provided within 30 days. I understand that the decision is FINAL as my second petition is the last allowed petition in a given semester. If my second petition is denied, my next opportunity to petition would be for the following semester, and I will remain ineligible for financial aid for the current semester.

Student’s Signature ___________________________ Date ___________________________
Los Angeles Mission College - Financial Aid & Scholarships Office

2015-2016
SATISFACTORY ACADEMIC PROGRESS
ACADEMIC COUNSELING

______________________________________________________________

Last Name     First Name Middle Initial Social Security Number

THIS FORM IS TO BE COMPLETED BY THE ACADEMIC COUNSELOR. Please print or type.

Academic Goal/Major upon Admission: ___________________________  Transfer ___  AA/AS ___  Cert ___

Current Academic Goal/Major: ________________________________  Transfer ___  AA/AS ___  Cert ___

Anticipated transfer institution (if applicable): __________________

Minimum number of units remaining to complete current academic goal: _________

COUNSELOR COMMENTS:

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

Counselor Name       Counselor Signature       Date

FOR FINANCIAL AID OFFICE USE

GPA @ time of disq  _______  Attempted Units  ________  Petition Granted:  YES  NO

Current Units  ________  Requested Units  ________  Term:  ____________

% non-pass @ time of disq  _______  Total Units  ________  FAA:  ____________

Date:  ____________  Comments: ____________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

E2-PetitionForExtension-20152016-v1 [Doc] Revised:  03/09/15