

Las Positas College Financial Aid Office
PETITION FOR CONTINUATION OF FINANCIAL AID
WITH EXCESSIVE UNITS

Name: _____ Student ID: _____

Email: _____ Phone: _____

(We will respond to your petition by email. Allow 4 - 6 weeks) Date: _____

Federal regulations requires schools to establish a time limit to receive financial aid. The maximum timeframe must be no longer than 150% of the published length of the student’s educational program, measured in units. A student who has met the maximum limit for their program may file an Excess Units petition to request extended terms of financial aid eligibility. Submitting a petition does not guarantee continued aid. Approval for additional terms to receive financial aid for all students who have reached their 150% limit is dependent on the individual circumstances involved according to the petition, the courses remaining, the student's academic and financial aid history, Pell Grant lifetime eligibility remaining, and will be granted on a case by case basis only. **The petition, if approved, is considered a contract.** Students are expected to complete their goal within the timeframe approved and are expected to enroll only into required courses remaining for their program.

INSTRUCTIONS: First ensure your official prior college transcripts have been submitted to our college. Then make an appointment for a ‘current, long-term Student Education Plan’ in the Counseling Office, Building 1600, 925-424-1400. Bring this petition form with you and complete page one and the top of page two. *EOP&S, CalWorks and DSP&S students should complete petition with their respective program counselors instead of the Counseling Department.* A counselor will conduct a review of all previous coursework and will determine the remaining courses required for your academic goal. **Keep a copy of your petition** and submit the original completed petition to the financial aid office after your appointment. If your petition is approved you must ensure that you enroll only into courses indicated as required by your counselor during your remaining term(s) at Las Positas.

****Please note: You must have a minimum 2.0 cumulative GPA and 67% overall completion rate at the time of petition or your petition cannot be approved, per federal regulations.****

STUDENT STATEMENT: Explain why you have attempted or accumulated so many units without meeting graduation requirements. Address any special circumstances you believe we should be aware of that have affected your ability to complete your program on time, and your current plan for completing your required courses:

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FINANCIAL AID STUDENT EXCESSIVE UNITS PETITION PAGE 2

STUDENT NAME _____	Student ID _____
STUDENT'S DEGREE OBJECTIVE: [] CERTIFICATE OF ACHIEVEMENT [] AA DEGREE [] AS DEGREE	
[] AA OR AS DEGREE AND TRANSFER [] TRANSFER ONLY	
STUDENT'S MAJOR AND/OR TRANSFER PROGRAM _____	
STUDENT'S INTENDED TRANSFER COLLEGE _____	
STUDENT'S EXPECTED FINAL TERM AT LAS POSITAS: [] Fall 20 ____ Spring 20 ____ Summer 20 ____	

THIS SECTION TO BE COMPLETED BY COUNSELOR:

<p>PLEASE DO NOT INCLUDE ANY CHABOT/LAS POSITAS UNITS IN THIS SECTION!</p> <p>Transcripts were evaluated from the following PRIOR colleges:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	<p>Indicate the total number of units from evaluated transcripts (<i>other than Chabot/Las Positas</i>) which will be directly applicable to the student's current major and degree objective. DO NOT INCLUDE any units which cannot be used for fulfillment of the required units for certificate/AA/AS degrees and/or do not count units which do not directly apply to requirements for transfer. <i>The purpose is to determine which prior units will shorten the student's requirements at LPC.</i></p> <p>TOTAL PRIOR UNITS FROM OTHER COLLEGES WHICH APPLY TO CURRENT MAJOR AND DEGREE OBJECTIVE:</p> <p style="text-align: right;">_____ UNITS</p>
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COUNSELOR CERTIFICATION AND COMMENTS:

I have completed a Financial Aid Student Education Plan for this student. Based on this plan, the student must complete the following courses in order to meet graduation and/or transfer requirements for their program:

- | | | | |
|----------|----------|-----------|-----------|
| 1. _____ | 5. _____ | 9. _____ | 13. _____ |
| 2. _____ | 6. _____ | 10. _____ | 14. _____ |
| 3. _____ | 7. _____ | 11. _____ | 15. _____ |
| 4. _____ | 8. _____ | 12. _____ | 16. _____ |

I estimate the student could complete these requirements in _____ semesters, and/or by _____ (month and year)

(number)

Counselor's comments (optional): _____

COUNSELOR SIGNATURE _____ Date _____

STUDENT CERTIFICATION: *I certify that after meeting with a counselor I am fully aware of which courses I must complete in order to reach my academic goal. I know that if this petition is approved, I will only be paid for courses which are required for completion of my academic goal, which the counselor has listed. I ALSO ACKNOWLEDGE THAT I UNDERSTAND IF PETITION IS APPROVED, EACH TERM WHILE ON PETITION I MUST EARN A MINIMUM 2.0 GPA AND 67% OF UNITS ATTEMPTED OR MY EXTENDED ELIGIBILITY WILL BE TERMINATED.*

STUDENT SIGNATURE _____ Date _____