

Date Received: \_\_\_\_\_

**DE ANZA COLLEGE**  
 Financial Aid Office  
 21250 Stevens Creek Blvd.  
 Cupertino, CA 95014

Date: \_\_\_\_\_

## Financial Aid Request for Extension

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Personal Statement:

Please attach a typed statement, minimum of 300 words, explaining why you have not completed your educational goal and why you need the extension.

### Pell Grant and Federal Loans

1. To answer the following questions go to the website: <http://www.nsls.ed.gov>
2. Click on option for "Financial Aid Review"
3. Log into database with your FSA ID or Create an FSA ID

### Review Pell Grant:

According to my NSLDS information, my Pell Lifetime Eligibility Used is \_\_\_\_\_%.

Enter 0% if you have never received Pell Grant.

If you have received Pell Grant, **calculate** your remaining eligibility:

**600% Maximum Pell Eligibility** – \_\_\_\_\_ % Pell Student Used = \_\_\_\_\_ % Pell Remaining

**How many years of financial aid eligibility would like you to have left after you transfer to earn your Bachelor's degree? \_\_\_\_\_ years.**

If your educational goal is to **transfer**, you have the option of not receiving Pell Grant at De Anza College and preserving it for future eligibility. If you decide to preserve your Pell Grant, you must inform the Financial Aid Office of this decision via a typed statement.

### Review Federal Loans:

According to my NSLDS information, I have borrowed loans totaling. Enter zero if applicable.

Total Direct Stafford Unsubsidized: \$ \_\_\_\_\_

Total Direct Stafford Subsidized: \$ \_\_\_\_\_

**Total all Loans:** \$ \_\_\_\_\_

Request for extensions are reviewed in the order in which they are received. The processing time may be up to 8 weeks. Submission of the request does not guarantee approval.

**Comprehensive Educational Plan Check List**

**Students: In order to expedite the process, it is recommended you complete all (if applicable) areas below prior to scheduling an appointment to meet with a counselor to complete your Comprehensive Educational Plan.**

- I understand that my Educational Plan **MUST INCLUDE**; Prerequisites, Co-requisites (if needed), General Education Courses (AA/AS, IGETC, CSU, Minimum qualifications), including out of state or Private, Major Courses (UC/CSU can be found on ASSIST.org).
- I understand that if I have Advanced Placement test results and any official transcripts from other colleges they **MUST** have already been evaluated and appear on my De Anza transcript.
- I understand that all applicable placement tests results (Math, English, ESL, Chemistry or Biology) must be completed and posted in MyPortal
- I have attempted \_\_\_\_\_ units (include all units attempted at De Anza & Foothill Colleges, as well as units transferred from other colleges)
- I have completed \_\_\_\_\_ units (include all units completed at De Anza & Foothill Colleges, as well as units transferred from other colleges).
- My cumulative GPA is: \_\_\_\_\_
- Calculate** your overall pace of completion (Divide units completed by units attempted, then convert to a %). What is your overall pace of completion? \_\_\_\_\_%

Which General Education pattern are you following?

- AA or AS
- CSU GE
- IGETC
- Other: \_\_\_\_\_

Check only **one** educational goal you will pursue at De Anza College:

- Certificate in: \_\_\_\_\_
- Associate Degree/ADT in: \_\_\_\_\_
- Transfer with AA or ADT  
Transfer Major: \_\_\_\_\_ AA/ADT Major : \_\_\_\_\_  
My preferred college/university: \_\_\_\_\_
- Transfer without AA or ADT  
Transfer Major: \_\_\_\_\_  
My preferred college/university: \_\_\_\_\_

**Financial Aid Referral for Counseling (To be completed by Financial Aid)**

New or updated Educational Plan; Reason: \_\_\_\_\_

**Request to see the counselor is being made by:**

Financial Aid Director: Lisa Mandy Extension: 8403 Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Title \_\_\_\_\_ Signature: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***\*Note: The referral must be signed by a member of the Financial Aid Staff***

**NEXT: Bring your signed and completed Request for Extension form with you to schedule an appointment in the Counseling Center (RSS building, 2nd Floor) to have your Education Plan approved and “Locked” by a counselor.**

**Please Note: You must attach a “Locked” Education Plan, signed by both you and the counselor and return all forms to the Financial Aid Office.**

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**Counselor Authorization (To be completed by Counselor)**

I verify that I have completed and locked a Comprehensive Educational Plan in DegreeWorks for the \_\_\_\_\_.

Counselor (Signature): \_\_\_\_\_

Counselor (**Print Name**): \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

***\*Note: The authorization must be signed by a counselor***

Note: If the counselor is unable to print out your plan from DegreeWorks, have him/her complete this form. Ed Plan starting with courses currently In-Progress (IP). Make copies if you need more than 8 quarters and have the counselor sign this copy below

Quarter: Fall 14	Units
MATH 114	5
EWRT 211	5
READ 200	5
(Example)	
Subtotal:	15

Quarter:	Units
Subtotal:	

Quarter:	Units
Subtotal:	

Quarter:	Units
Subtotal:	

Quarter:	Units
Subtotal:	

Quarter:	Units
Subtotal:	

Quarter:	Units
Subtotal:	

Quarter:	Units
Subtotal:	

Quarter:	Units
Subtotal:	

Counselor (Signature): \_\_\_\_\_

Counselor (Print Name): \_\_\_\_\_ Date: \_\_\_\_\_

◇ Course Numbering:  
 Courses numbered 1-199 are applicable to the Associate Degree  
 Courses numbered 1- 99 are transferable to CSU  
 Courses numbered 1-49 are transferable to UC  
 ◇ Course numbering exceptions may apply.  
 Under some circumstances UC campuses have maximum unit limits.

Degree applicable or CSU or UC units completed: _____
Degree applicable or CSU or UC units in progress: _____
Degree applicable or CSU or UC units planned: _____
<b>Total should be 90 or more units: _____</b>