



## Extended Enrollment Financial Aid Appeal Form

\*Complete form with your Success Coach\*

Student Name: \_\_\_\_\_ SMC ID: \_\_\_\_\_

Coach Name: \_\_\_\_\_ Coach Email: \_\_\_\_\_

- Please complete all fields in the form, including all signatures, names and dates.
- Outline the projected courses for the upcoming academic year with your success coach and fill in the table below (include additional courses on the back if more space is needed)
- If approved, students are typically eligible for up to two semesters of institutional aid.

Please state the reason(s) for needing to petition to extend enrollment.

What action steps do you need to take to fulfill this academic plan?

Cite any on/off campus resources to help support your academic success.

	_____	SPRING _____

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