



FOR OFFICE USE ONLY

Date Received: _____

DE ANZA COLLEGE

EOPS Office
21250 Stevens Creek
Blvd. Cupertino, CA 95014

Date: _____

Request for Extension of Financial Aid (for EOPS student)

Name: _____ Student ID: _____

Email: _____ Phone: _____

I Understand that:

- This is my **LAST** time to request financial assistance at De Anza College
- I should review my financial aid pell grant and loan usage and remaining balance at www.nsls.ed.gov
- Requests for extensions are reviewed in the order in which they are received and the processing time may be up to 8 weeks.
- Submission of the request does not guarantee approval.

My "one" academic GOAL/MAJOR is (Please check only one of the 4 options listed below):

- De Anza College Certificate in: _____
- De Anza College Associate Degree/ADT major (without transfer): _____
- De Anza College Associate Degree/ADT major : _____
PLUS transfer to: _____ College/University. (Please list **ONLY** one!)
WITH a major in: _____ (note only if different from above ADT)
- Transfer major (**without** AA or ADT): _____
PLUS transfer to: _____ (College/University)

The General Education Pattern I am following is: (Please check only one or two of the 4 options listed below):

- AA or AS
- CSU GE
- IGETC
- Other: _____

I Have:

- met with an EOPS counselor and we completed my entire degree works (DW) educational plan
- attached my DW educational plan, (completed and signed by an EOPS counselor), listing all courses required to meet my goal
- attached my 300 word statement, stating why I need this extension –AND– why I have not completed my educational goal.

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EOPS Counselors name/extension and optional notes:

Financial Aid personnel notes:

Note: Please submit this form, along with your 300 word essay, and degree works educational plan (completed with a counselor) to the financial aid office for processing.