

PLEASE RESPOND TO ALL APPLICABLE QUESTIONS ON THIS PETITION

Make sure your statement is clear and concise. Avoid vague statements such as “I had personal problems.” Also the petition should *not* include statements based on financial need. Attach any supporting documents for example medical documentation, an accident report, obituary notice, etc. that will support the circumstances in your petition.

1. Why have you attempted 90 or more units and have not completed your educational goal?

2. What steps are you currently taking to earn units at an acceptable rate to complete your educational goal?

3. Please state your unusual circumstances that prevented you from maintaining a minimum 2.0 cumulative GPA and/or completing at least 67% of all units you have attempted with acceptable grades.

4. What have you done to address the problems that have prevented you from meeting the LAVC SAP requirements? How do you plan to meet these requirements in the future?

Student’s Signature: _____

Date: _____

**EXTENSION/COMBINATION
STUDENT EDUCATIONAL PLAN (SEP)**

Last Name First Name MI

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Social Security Number

Choose one Educational Goal:

Certificate Associate Degree Transfer*

Graduation Date: _____

* Name of Four Year College: _____

Major: _____

PLAN FOR PROPOSED COURSE WORK -- Counselor, please list only the required courses the student needs to complete his/her immediate educational goal at LAVC including current semester course work. *If listing area or category of courses, please attach a curriculum worksheet to this SEP.*

List the General Education requirements still needed: (include current semester courses and prerequisites if applicable).

Course or Area	Units	Course or Area	Units
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List the Major required courses still needed: (include current semester courses and prerequisites if applicable).

Course or Area	Units	Course or Area	Units
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: Student must be enrolled in approved courses; otherwise disbursement will be impacted.

Counselor's Name [please print] Counselor's Signature Date

I understand that the Financial Aid Office will not accept a Financial Aid Petition that is incomplete or lacks documentation; therefore, I am submitting my complete petition. I also understand that I must submit my petition and other supporting documentation within thirty (30) working days from the date of the Disqualification Letter or by the Financial Aid Office's petition deadline, whichever is earlier. If approved, I must demonstrate Satisfactory Academic Progress and meet all reinstatement conditions to avoid disqualification during the current or in the subsequent semester(s).

Student's Signature Date