

# Request for Financial Aid Extension

**Financial Aid Office**

1933 Fort Vancouver Way | Vancouver, WA 98663-3598  
(360) 992-2153 | FAX (360) 992-2864 | [finaidappeals@clark.edu](mailto:finaidappeals@clark.edu)

ctcLink ID Number	-	-	Date of Birth	-	-
Last Name	First Name		Middle Initial		
Student E-mail Address _____					

You are no longer eligible to receive funds from Clark College for one of the following reasons:

- › You have earned a Bachelor's degree or its equivalent.
- › You are requesting a change from a previously approved program.
- › Your approved program has been completed and you would like to pursue a second program.
- › Your approved program has not been completed within previously approved conditions and additional credits are needed.

Your request must include the following:

- › **Typed and signed statement** describing the basis for the request. Provide the reason why you need additional credits as well as the outcomes you plan to achieve.
- › **Current Program Worksheet** completed and signed by your program advisor and yourself. Official transcripts from all previously attended colleges/universities should be submitted and reviewed by our Credentials Office prior to meeting with your advisor.  
*Keep a copy of your program worksheet for your records!*

**By signing and submitting this request, I certify that I understand the following:**

- › Providing false, misleading or partial information to obtain additional financial aid could result in termination of all aid and could lead to repayment of funds and/or prosecution under U.S. criminal code.
- › If I am registered for classes, I must pay tuition in full or make arrangements to pay with the Cashiers Office. If I am unable to pay, I am responsible for officially withdrawing from my classes.
- › I must follow my program worksheet and maintain good academic standing to maintain future eligibility.
- › The approval of this request does not allow the Financial Aid Office to exceed funding limits prescribed by Federal and State regulations and Clark College policies.
- › The program worksheet submitted with this appeal must match my declared program of study at Clark College. I authorize the Financial Aid Office to verify and update my official program of study at Clark College to reflect the worksheet submitted with this appeal.
- › If I receive any external or third party funding for my education, I must notify the agency any time my program of study changes to ensure eligibility requirements are still met.

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



Clark College does not discriminate on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal in its programs and activities, in accordance with state and federal laws. The responsibility for and the protection of this commitment extends to students, faculty, administration, staff, contractors and those who develop or participate in college programs. It encompasses every aspect of employment and every student and community activity. The following person has been designated to handle inquiries regarding non-discrimination policies: Vice President of Diversity, Equity, and Inclusion, Gaiser Hall (GHL) 220, 360-992-2757, or 360-991-0901 (video phone).

For Office Use Only

Checklist **ECL301**