Date



## **Financial Aid Verification Extension Request**

|  | ID:   |  |
|--|---|--|
| Date of Birth:   | Email:  | Phone:   |
| · ·  | eral Student Aid (FAFSA) was select<br>arded, you must complete the ve  | cted for a process called verification.<br>erification process.  |
| extension of <b>10 calendar days</b>   | to keep your registered classes.  | ou a <b>ONE-TIME</b> financial aid verification<br>Classes will not be dropped for that period,<br>nat period you do not have a verified |
| verification per the U.S. any other reason.  You cannot have already (FAV) for the current ser  You must request the ex  After the 10-day period | Department of Education can request received a Payment Deadline Satisf nester. tension before the start of the seme | either completed the verification process or have  |
|  | o secure my classes if my financia  | <u>I</u><br>class enrollment is a one-time extension and a<br>al aid packaging is not complete or does not                               |
| Student  | Date  |  |
|  | FOR OFFICE USE O  | NLY  |
| Approved Denied Reas   | on for Denial:  | Home College:  |

Financial Aid Director/Asst. Director