



San Bernardino

Valley College

FINANCIAL AID OFFICE

## 2018-2019 Revised Student Educational Plan Request

Students who were granted funding for additional units beyond Maximum Time Frame Dismissal and who wish to submit a "Revised Educational Plan" are required to meet with their academic counselor to complete this form. Once complete, the form must be submitted to the Financial Aid Office for consideration. Once a determination has been made the student will be notified in writing. *(Please be advised that only one revision will be accepted for consideration.)*

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Academic Counselor

\_\_\_\_\_  
Date Effective

\_\_\_\_\_  
Sem/Year

Please list/explain the reason(s) for the request (To be completed by counselor):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If changes necessitate a revised Educational Plan, please attach revised Educational Plan to this form. If changes are minimal, please provide explanation in section above.

If anticipated transfer/completion/graduation date have changed, please list new date: \_\_\_\_\_

If total units remaining to complete Educational Goal has changed, please list: \_\_\_\_\_

I certify that the information on this form is accurate and the courses listed above/or on the attached Student Educational Plan represent the REQUIRED courses remaining for the student to complete their educational program at San Bernardino Valley College.

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



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**For Office Use Only**

**Revised Ed Plan Approved:** \_\_\_\_\_

**Revised Ed Plan Denied:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SAP Appeal Committee Signature \_\_\_\_\_ Date \_\_\_\_\_