2019-2020 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. *(Please be advised that only one revision will be accepted for consideration.)*

Section 1. To be completed by Student

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Student ID #</th>
</tr>
</thead>
</table>

Section 2. To be completed by Counselor

<table>
<thead>
<tr>
<th>Academic Counselor</th>
<th>Date Effective</th>
<th>Sem/Year</th>
</tr>
</thead>
</table>

Section 3. To Be completed by Counselor Please provide justification for the request *(Justification for additional units not provided by the counselor will be subject to denial of request):*

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

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.

<table>
<thead>
<tr>
<th>Counselor Signature</th>
<th>Date</th>
<th>Student Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

For Office Use Only

Revised Ed Plan Approved: ______ | Revised Ed Plan Denied: ______

Comments: __________________________________________________________________________

SAP Appeal Committee Signature ____________________________ Date __________________

Office of Financial Aid • San Bernardino Valley College
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