



**C. Statement**

- Explain why you have attended three (3) or more previous colleges in the last three years.
- If you have failed to earn academic credit, please provide the reasons.
- Attach documentation to support your reasons (i.e., medical records, hospitalization records, accident reports, etc). If you need more space, please attach additional sheets to this from.

**Don't forget to provide proof of extenuating circumstances!**

If your request is denied, you have the option of requesting the Financial Aid Committee to review your request. Their decision is FINAL, or Establish an Educational Plan for your selected major. Then successfully complete one semester with a 2.0 or higher GPA in all applicable classes towards your major(NO D's, F's, W's, or INCOMPLETES) to be considered for further financial aid.

**D. Certification and Signature**

*All of the information reported on this worksheet is complete and accurate.  
I understand additional documents may be requested by the financial aid office.*

**WARNING!**  
If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Student ID \_\_\_\_\_

*The San Diego Community College District is committed to a safe and equitable learning environment for all students and employees. It does not discriminate on the basis of sex or gender in its educational programs and employment. Please refer to the SDCCD Board Policy 3410: NONDISCRIMINATION at the link below. For details and contact information: <https://www.sdccd.edu/students/titleix/> SDCCD Board Policy 3410*

FA OFFICE USE ONLY			
<i>San Diego City College</i>	DATES	SAP	COD
School #1:	DATES	SAP	COD
School #2:	DATES	SAP	COD
School #3:	DATES	SAP	COD
School #4:	DATES	SAP	COD
School #5	DATES	SAP	COD
School #6	DATES	SAP	COD
School #7	DATES	SAP	COD
School #8	DATES	SAP	COD
Educational Plan <input type="checkbox"/> Yes <input type="checkbox"/> No Major:			
DECISION: <input type="checkbox"/> <i>Approved</i> <input type="checkbox"/> <i>Denied</i>			
COMMENTS:			
StaffSignature:		Date:	