

1600 Chester Avenue, Bremerton, WA 98337 Phone: (360) 475-7650 Fax: (360) 475-7471

## PETITION FOR EXTENSION (near or exceeds max time frame)

2023-2024

\*\*NOTE: Students who have previously petitioned for extension may be required to complete an appeal form. However, if you have previously been approved or denied extension by the Appeals Committee, you are NOT ELIGIBLE to appeal a second time.

## INSTRUCTIONS FOR COMPLETING THIS FORM (see \*\*NOTE above BEFORE completing):

- 1. Complete academic plan on Page 2.
- 2. Provide a statement on Page 3 detailing why you did not complete your program within the normal timeframe
- 3. Provide a copy of your Olympic College unofficial transcript.

Terms and Conditions:

Financial Aid Staff Signature:

Provide any supporting documentation you think should be considered (optional).
 (Incomplete applications may be delayed or denied).
 STUDENT INFORMATION [ PLEASE PRINT CLEARLY ]

Last Name	First Name	ctcLink ID	For Official Use Onl
Address	City	State	Zip
Phone:	Date first admitted to OC	Expected Complet	ion (Quarter, year)
C. PETITION IS BASED **NOTE: As stated above	OR TO COMPLETE AN ACADEMIC PLAN ON THE FOLLOWING: (Check what a , if you have previously been approved or a n for extension.	applies)	als Committee, you are NOT
	, if you have previously been approved or o	• • •	als Committee, you are NOT
$\Box$ I am pursuing a r	new or second <u>OC degree/certificate</u> (new	OC program of study):	·
NOTE: not all degree	es or certificates are eligible for federal s	tudent aid; check with the Range	er Station if you are unsure.
☐ I need additional	time to complete my OC degree/certifica	ate.	
D. I certify that I have and correct.	e an OC educational goal and that the	e explanation and information	n I have provided is true
Student's Signature (re	equired)	Date	
Office Use Only	oved Denied Bearens		

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



OLYMPIC COLLEGE

1600 Chester Avenue, Bremerton, WA 98337 Phone: (360) 475-7650 Fax: (360) 475-7471

## (35) PETITION FOR EXTENSION (near or exceeds max time frame)

Students who have completed a degree, or who are near or have exceeded their OC program of study and would like to receive financial aid are

2023-2024

Last Name	First Name	MI cto	Link ID	For Official Use Onl	у
Program of Study:		Anticipated Completion Date:			
nstructions Student: It's your responsibility to scheo oon as possible. If at any time your a cademic plan. Not all OC programs/cer	cademic plan changes Of	R you are unable to con	iplete the qu	ıarter, you may need t	o submit a re
dvisor: Please complete this form for rogram of study. If necessary, attach is signed by both student and advisor, hans may delay processing and/or may deded to complete.	additional forms or duplication and additional forms or duplication. AND so long as the ARM/N	ate this page for addition MAP & number of credits	nal quarters. are clearly i	ARM / MAP copies are dentified. Inaccurate or	e accepted so illegible acad
Course Number and Title Cred	its	Course Number and T		Credits	_
Course Number and Title Cred	its	Course Number and T	itle Cred		_
Course Number and Title Cred	its	Course Number and T		Credits	_
				Date:	_
dvisor Name/Signature (required):					



## (35) PETITION FOR EXTENTION

2023-2024

Please provide a detailed reason(s) why you did not complete your program within the normal timeframe.

	Scanned	Posted
Received		Form last updated: Dec22FM