MOORPARK · OXNARD · VENTURA FINANCIAL AID OFFICE

2013-2014 REMEDIAL UNITS FORM

Student's Name: _____

ID:

The Financial Aid Office is dedicated to supporting student success. Some students need to take Remedial coursework that prepares them for a program of study at the postsecondary level.

A student can be admitted into an eligible program and take remedial coursework within that program, and be considered a regular student, even if he/she is taking all remedial courses before taking any regular courses.

A student may take up to one academic year's (30 semester hours) worth of courses in his/her enrollment status and receive Federal Student Aid (FSA). ESL courses do not count against the one-year limitation on remedial coursework mentioned above.

Please be aware, that awarding federal student aid over a series of semesters for such work can exhaust the student's eligibility for FSA loans before the student completes his/her program.

Based on our records, you are close to or have exceeded the 30 remedial unit limitations. Please complete and submit this form to the Financial Aid Office at your Primary College so that we can determine your eligibility for FSA. You may be required to come and meet with a Financial Aid Specialist.

1. Program of Study as listed with your Primary College ______.

2. Goal at your Primary College €AA/AS €Certificate €Transfer

3. Make an appointment with an academic counselor at your Primary College to develop and complete the Student Educational Plan (SEP) on the back of this form.

Student's Signature: _____

Date:

FOR OFFICE USE ONLY					
Total number of Remedial Units Attempted SAP Status: \in PROB \in SAT					
If the student has not reached the maximum 30 unit remedial limitation and needs to enroll in additional Remed	ial Units,				
please list approved courses.					
FALL:					
SPRING:					
SUMMER:	_				
Pell LEU% Loan amounts already borrowed Sub.\$ Unsub.\$	_				
Comments:	_				
	_				
€Approved €Denied					
Staff Signature: Date:	-				

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ТОВ	BE COMP	LETED BY AN A	CADEMIC	COUNSELOR	
Student's Name:			ID:		
Student's Program of Stud	ly (program mu	st be offered by the Primary	y College):		
Student's Goal: 🗌 AA/AS	G Cert	ificate of Achievement	Transfer to		
Has the student attended If yes, please list college(s)	-	e of Ventura County Commu	nity College Dist	(List School) rict?	
Please develop an academ meet his/her educational	ic plan based on objective at this s	te above college(s) been eva the program of study listed <u>chool.</u> Coursework not requi r, Prep Course work, IGETC a	above. <u>Only inc</u> red will not be co	lude coursework the studer	
Current Term:		Term:	-	Term:	-
Courses	Units	Courses	Units	Courses	Units
Term:		Term:	-	Term:	-
Courses	Units	Courses	Units	Courses	Units

I certify that I have met with the student listed above and evaluated any prior coursework (including transfer credits if requested) and have established an Educational Plan (AA/AS, Transfer, Prep Course work, or Certificate check sheets) for the student.

Counselor's Name:

Date

Counselor's Signature _____

Date _____