Phone:(623) 935-8888

Financial Aid Office finaid@estrellamountain.edu

RESTRICTED COURSE LIST (RCL) ADDENDUM

| Student Name | | SSN#(last 4) <u>xxx-xx-</u> | | | Student ID# | | Program | | |
|--|--|-----------------------------|--------------------------------|------------------------|-------------------------------|------------------------------------|---------------------------|-------------------------------|--|
| l am requesti | ng Financial Aid for: | | Fall | <u>OR</u> | Spring | <u>OR</u> □ | Summer | Year: <u>20</u> | |
| change of Degree committee's decis | ginal Restricted Course/Certificate Prograntion will be delivered to during peak processin | ı requi i your S | res a <u>NEW</u> tudent Cer | Maximur nter. Pleas | n Timeframe e allow at lea | Appeal & ast 7-10 bus | RCL). Noti | fication of the | |
| course is ADDED replacing must als | ne approved RCL to a D, REPEATED or a SI to be listed. Substitution copy of the approve | JBSTIT ons can | UTION for only be ap | anther co | ourse. For co | ourse subst t have <u>not</u> p | itution, the oreviously b | course it is een attempted | |
| Course # | Course Title | | # Credits | <u>s</u> | ADD | | | TITUTES FOR | |
| | | | | | | (select o | one) | | |
| | | | | <u> </u> | | | | | |
| | | | | - | | | | | |
| | | | | = | | | - | | |
| | the extenuating circur | | | | | essfully con | npleting the | course(s) you are | |
| | Repeated". Attach su | | | | | | | | |
| Explain what steps | s are being taken to e | nsure s | uccess in t | he reques | ted " Repeat ' | ' course | | | |
| | | | | | | | | | |
| Stud | ent Signature | | Date | | EMCC Advis | sor Signatuı | re . | Date | |
| | | TH | IS SECTION | ı - OFFICE | USE ONLY | _ | _ | | |
| □ Approved□ w/modifica□ Denied | | mments | s/reason de | enied: | | | | | |
| Date reviewed by | Committee: | | | Con | nmittee Initial | le. | | | |
| Jaie Leviewed Dy | Committee. | | | | minutes initial | ıs | | | |

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