Financial Aid Educational Plan

Federal financial aid regulations require schools to establish a maximum time frame in which an educational program should be completed. We require a review of your educational plan at 60 units attempted for A.A. or Transfer programs and at 30 units attempted for Certificate programs. The purpose of this requirement is to encourage students to focus on their educational goal and successfully complete their program within the appropriate time frame.

Our Satisfactory Academic Progress (SAP) standards state that you must complete your educational program within a maximum time frame of 150% of the published program’s required units at Cerritos College. For example, Associate in Arts degree and transfer programs generally require 60 units. Therefore, 150% of those programs would be 90 units (60 units x 1.5). A Certificate program generally requires 30 units. Therefore, 150% of the certificate program would be 45 units (30 units x 1.5).

In counting units for this purpose, all previous college attempted units may be included from Cerritos College and any other college, whether taken while on financial aid or not. Remedial and ESL courses taken at Cerritos College are excluded from the total units.

Instructions:

1. Complete and sign this form.

2. Schedule an appointment with a counselor to complete the Financial Aid Educational Plan form. Counseling appointments can be scheduled in person or by calling the Counseling Department at (562) 860-2451 Ext. 2231, or the EOPS Office at (562) 860-2451 Ext. 2398. Attach any transcripts from other colleges.

   Non-peak times for counseling appointments are as follows:

   Fall        September and October
   Spring      February and March

3. Please be sure that your educational goal on this form matches your academic plan in the Admissions & Records Office.

4. You must submit your educational plan to the Financial Aid Office for review. The Financial Aid Office will notify you regarding your eligibility for financial aid. If at any point in time it is determined that you cannot complete your educational program within the 150% time frame, you may be immediately disqualified from financial aid (with the exception of the Board of Governors Fee Waiver). It is your responsibility to read and understand the Financial Aid Satisfactory Academic Progress (SAP) Standards.
Cerritos College
Financial Aid Educational Plan

**COUNSELOR SECTION**

**TOTAL Units Required** for Educational Goal _____ Units

Catalog Rights: _______________  
Academic Year

☐ Plan A  ☐ Plan B  ☐ Plan C  
☐ Private  *(Select only one Plan)*

Please indicate below which courses are required to complete their educational goal at Cerritos College.

<table>
<thead>
<tr>
<th>YEAR 1</th>
<th>YEAR 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fall</strong></td>
<td><strong>Spring</strong></td>
</tr>
<tr>
<td>Course Name and # or Area: (ex. Math 100 or A1)</td>
<td>Course Name and # or Area: (ex. Math 100 or A1)</td>
</tr>
<tr>
<td>Units</td>
<td>Units</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

Comments:

__________________________________________________________________________________________________

__________________________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

I understand that I cannot exceed the maximum time frame of 150% of the program that I am pursuing. I understand the Financial Aid Advisory Committee (FAAC) has the authority to approve some or all of the courses on this list. **I accept that additional classes or change in major will not be considered.** I agree to this condition in order to be eligible for Financial Aid.

Student Name (Printed): ____________________________  
Counselor Name (Printed): ____________________________

Student Signature: ____________________________  
Counselor Signature: ____________________________

Date: ____________________________  
Date: ____________________________

Revised 7/21/11
Financial Aid Educational Plan Notification

STUDENT SECTION

Name ___________________________ Student ID # ___________ Home Phone # ______________________
Current Address ___________________________________________ Street Address, City, State, Zip

Academic Plan: ___________________ When do you plan to complete your goal? ____________________
(Example: Nursing) Month / Year

☐ Certificate Program ☐ Associate Degree ☐ Transfer to ________________________________
(Please only select one goal and one transfer institution) 4 Year-University

Explain why you have been unable to reach your educational goal (Certificate, Associate Degree, Transfer, etc.) within the time frame (60 units for A.A. or Transfer and 30 units for Certificate programs):
__________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

 Attach separate sheet if necessary.

FINANCIAL AID OFFICE SECTION

Financial Aid Educational Plan has been:

☐ APPROVED
☐ All courses were approved
☐ Some courses were approved

NOTE: A copy of your Financial Aid Educational Plan with the approved classes is included with this letter. Only these classes are approved. Revisions to the educational plan will not be accepted.

☐ PENDING
☐ Educational Plan form is incomplete. Please resubmit.

☐ DENIED for one or more of the following reasons:
☐ Did not take the classes on the previous list of approved classes
☐ Excessive non-required classes on Educational Plan
☐ Major change or Transfer Institution change not approved
☐ Units required for program exceeds 150% of program length

Review of Units Attempted

<table>
<thead>
<tr>
<th>Units Required for Educ. Goal</th>
<th>150% =</th>
<th>Units Attempted (Total)</th>
<th>Remedial/ESL Units Attempted</th>
<th>Units Attempted (Total – Remedial/ESL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>______ units</td>
<td>______</td>
<td>______ units</td>
<td>- ______ units</td>
<td>- ______ units</td>
</tr>
</tbody>
</table>

Units Remaining Before Reaching 150% ______ units
Units Remaining from Ed Plan ______ units

Date Reviewed ________________ Initials ________________