



Chandler-Gilbert | Estrella Mountain | GateWay | Glendale | Mesa  
 Paradise Valley | Phoenix | Rio Salado | Scottsdale | South Mountain  
 Maricopa Skill Center | NorthWest Skill Center | SouthWest Skill Center

## Academic Plan Restricted Course List **Addendum**

Last Name	First Name	MI	Social Security Number XXX-XX-	Student ID Number
<b>I am requesting Financial Aid for the following term (select the term and enter the year)</b> <input type="checkbox"/> Fall _____(year)    or <input type="checkbox"/> Spring _____(year)    or <input type="checkbox"/> Summer _____(year)				

Since filing the original Academic Plan Restricted Course List (RCL) or Certificate/Occupational Course List (CCL), it has become necessary to modify my RCL. **(NOTE: A change of Degree /Certificate Program requires a NEW Maximum Timeframe Appeal.) Notification of the Committee's decision will be delivered to your Student Center within approximately 15 business days.**

**Please indicate if the course is ADDED, REPEATED, or a SUBSTITUTION.** (For course substitution, the course it is replacing must be listed.) Substitutions can only be approved for courses that have not previously been attempted from your RCL. **Course substitution may need approval from the Admissions and Records Department.**

Course No.	Course Title	Credits	ADD	REPEAT	SUBSTITUTION FOR

**FOR ADDED OR SUBSTITUTED COURSE**

Provide a **typed** explanation as to why you and your Advisor did not identify the “Added,” or “Substituted” course when your Academic Plan RCL was originally completed.

**FOR REPEATED COURSE**

Provide a **typed** explanation as to why you did not successfully complete the course. Describe in detail, the extenuating circumstances that prevented you from being successful. Explain how the circumstances have been resolved and include what steps are being/will be taken to ensure success in the requested “Repeat” course.

- I am attaching documentation to support my appeal. (e.g. medical claims/statements; police reports; copy of official death certificate/obituary; signed statement from an involved third party such as a counselor, priest, rabbi, minister; documentation illustrating other commitments outside of school such as pay stubs, letter from employer; etc.).

**Certification and Signature**

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years. I authorize the use of this information and any supporting documentation for all MCCCCD institutions.

Student's Signature	Date	PC Academic Advisor Signature	Date

**Non-Discrimination Statement**

The Maricopa County Community College District (MCCCCD) is an EEO / AA institution and an equal opportunity employer of protected veterans and individuals with disabilities. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, or national origin. A lack of English language skills will not be a barrier to admission and participation in the career and technical education programs of the District.

The Maricopa County Community College District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. For Title IX / 504 concerns, call the following number to reach the appointed coordinator: (480) 731-8499. For additional information, as well as a listing of all coordinators within the Maricopa College system, visit <http://www.maricopa.edu/non-discrimination>.