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Financial Aid Office
 finaid@estrellamountain.edu

RESTRICTED COURSE LIST (RCL) ADDENDUM

Student Name _____ SSN#(last 4) xxx-xx- Student ID# _____ Program _____

I am requesting Financial Aid for: Fall OR Spring OR Summer Year: 20

Since filing the original Restricted Course List (RCL) Form, it has become necessary to modify my RCL. (**NOTE: A change of Degree/Certificate Program requires a NEW Maximum Timeframe Appeal & RCL**). Notification of the committee's decision will be delivered to your Student Center. Please allow at least 15 business days (may take longer during peak processing periods). **All Committee decisions are final.**

Take a copy of the approved RCL to an EMCC Academic Advisor to complete this form. Please indicate if the course is ADDED, REPEATED or a SUBSTITUTION for another course. For course substitution, the course it is replacing must also be listed. Substitutions can only be approved for courses that have not previously been attempted from your RCL. **A copy of the approved Course Substitution Form must be attached to this Addendum.**

<u>Course #</u>	<u>Course Title</u>	<u># Credits</u>	<u>ADD</u>	<u>REPEAT</u>	<u>SUBSTITUTES FOR</u>
				<small>(select one)</small>	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Explain why you and your Advisor did not identify the "**Added**" or "**Substituted**" course when your RCL was originally completed _____

Describe in detail the extenuating circumstances which prevented you from successfully completing the course(s) you are requesting to be "**Repeated**". Attach supporting documentation _____

Explain what steps are being taken to ensure success in the requested "**Repeat**" course _____

_____ Student Signature _____ Date _____ EMCC Advisor Signature _____ Date

THIS SECTION - OFFICE USE ONLY

Approved Notes/comments/reason denied: _____
 w/modifications: _____
 Denied _____
 Date reviewed by Committee: _____ Committee Initials: _____

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