

DIVISION OF STUDENT AFFAIRS

Office of Financial Aid & Scholarships



Shiprock Campus

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Shiprock, NM 87420

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Tsaile Campus
 P.O Box C06
 Tsaile AZ, 86556
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“The Higher Education Institution of the Navajos”

2020-2021 REQUEST FOR CONTINUED FUNDING

STUDENT INFORMATION (MUST BE COMPLETED BY THE STUDENT. PLEASE PRINT CLEARLY.)

LAST NAME		FIRST NAME	M.I.	STUDENT ID# or SOCIAL SECURITY #	
STREET ADDRESS or PO BOX				EMAIL ADDRESS	
CITY	STATE	ZIP CODE	HOME PHONE (INCLUDE AREA CODE)		

Students may use this form to request a reevaluation of their financial aid funding based on one of the following circumstances **(Attach Student Statement, Degree Checklist and Class Schedule)**

- 1. I have met the 150% Maximum Timeframe for my program of study: _____.
- 2. I have changed my program from _____ to _____.
- 3. I have transferred hours that do not count toward my new program of study.
- 4. I have earned a Certificate and would like to pursue an AA, AS or AAS Degree.

CERTIFICATION STATEMENT

I certify the submitted information is true and correct to the best of my knowledge and belief. I understand that I must meet with an academic advisor for them to fill out the advisor statement and that I will be funded only for courses that are required for my certification or degree program. I understand that if I do not successfully complete my classes I will have to appeal again for an extension of timeframe. I understand that I will be notified by mail or the final decision at the address provided above.

 STUDENT SIGNATURE

 DATE

ALL STUDENTS MUST MEET WITH AN ADVISOR AND HAVE THE ADVISOR STATEMENT COMPLETED

I have met with the student and the student understands he/she has _____ credit hours left to complete their program of study in _____. When completed, the student will have a total of _____ credit hours on their transcript (including credit hours currently registered for, incomplete, failed and withdrawn throughout their history with Diné College).

Note: Please ensure that the program of study for which this form is completed is what's on file with the Records Office.

 ACADEMIC ADVISOR NAME

 SIGNATURE

 DATE

FOR FINANCIAL AID OFFICE ONLY

Suspension Appeal Decision Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Starting Term Fall 2020 <input type="checkbox"/> Spring 2021 <input type="checkbox"/> Summer 2021 <input type="checkbox"/>		
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Manager of Financial Aid & Scholarships, Signature	Date
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