

# SEEK ELIGIBILITY EXTENSION REQUEST

## PERIOD OF STUDENT FUNDING ELIGIBILITY

- A SEEK student is allowed ten (10) semesters of eligibility, or the equivalent, of opportunity program eligibility.
- When a Special Programs student graduates upon the completion of the 11<sup>th</sup> semester for SEEK, that student would be eligible for an additional semester of Special Programs financial aid support.

## STUDENT INFORMATION

(To be Completed by Student – Please Print Clearly)

Last Name:		First Name:		EMPLID:	
Address:					Apt #:
City:		State:		Zip:	
Telephone:			Email:		
Semester of Admission to Lehman:				<input type="checkbox"/> Fall	<input type="checkbox"/> Spring
				Year: _____	
I am requesting eligibility extension for the following semester:				<input type="checkbox"/> Fall	<input type="checkbox"/> Spring
				Year: _____	

*I am in compliance with the regulations above and request an 11<sup>th</sup> semester eligibility extension of SEEK services.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## ACADEMIC INFORMATION

(To be Completed by Counselor – Please Print Clearly)

**Assigned SEEK Counselor:** \_\_\_\_\_

**Number of Opportunity Program Semesters Used, including current semester:** \_\_\_\_\_

Previous College(s), if any:					
Number of Opportunity Program Semesters Used at other colleges:					
Number of Transfer Credits Accepted:					
Major(s):					
Minor(s):					
Concentration(s):					
Major Completed:	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
Filed for Graduation:	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
General Education Requirements Completed:	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
Expected Graduation Date:	<input type="checkbox"/> June	<input type="checkbox"/> September	<input type="checkbox"/> January	Year: _____	
Total Credits Earned to Date: _____	Cumulative GPA: _____		Credits In Progress: _____		
Courses/Credits Outstanding (Inc, WU In Appeal, Etc.)					
COURSE	CREDIT	GRADE			
1.					
2.					
3.					
4.					

# SEEK ELIGIBILITY EXTENSION REQUEST

## SEEK COUNSELOR'S REVIEW

Counselor Comments:

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Documentation Attached?  YES  NO Specify: \_\_\_\_\_

➤ **COUNSELOR'S RECOMMENDATION:**  APPROVE  DO NOT APPROVE

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## SEEK FINANCIAL AID OFFICER'S REVIEW

Has student used all ten (10) semesters of TAP eligibility?  YES  NO

**Financial Aid Comments:**

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Documentation Attached?  YES  NO Specify: \_\_\_\_\_

➤ **SEEK FINANCIAL AID OFFICER'S RECOMMENDATION:**  APPROVE  DO NOT APPROVE

F.A. Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## SEEK DIRECTOR'S REVIEW

Director Comments:

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Documentation Attached?  YES  NO Specify: \_\_\_\_\_

➤ **SEEK DIRECTOR'S ACTION/DECISION:**  APPROVE  DO NOT APPROVE

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_