

Restricted Course List (RCL) ADDENDUM

A. Student Information

Last Name	First Name	MI	XXX-XX -	Social Security Number	Student ID Number
@maricopa.edu					
Maricopa Email Address (Note: all electronic communication will be sent to your Maricopa Email Address)			Phone Number with Area Code		

B. Restricted Course List Addendum Information

Since filing the original Maximum Timeframe Appeal it has become necessary to modify my RCL. **(NOTE: A change of Degree and/or 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.**

Submit a copy of approved Academic Plan RCL and Addendum to the SAME Advisor that signed the original Academic Plan RCL. 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.**

<u>Course No.</u>	<u>Course Title</u>	<u>Credits</u>	<u>ADD</u>	<u>REPEAT</u>	<u>SUBSTITUTION FOR</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

C. Reason for Change

Explain why the “Added,” or “Substituted” course(s) were not identified when your RCL was originally completed. _____

Explain what steps are being/will be taken to ensure success in the requested “Repeat” course. _____

Your signature below acknowledges that you have read and understand the following restrictions:
ADDITIONAL, SUBSTITUTED or REPEATED classes will NOT be funded UNLESS an ADDENDUM is FILED and APPROVED prior to the end of the affected term. You will not be funded for courses other than those listed and approved. If you receive funds for classes other than those listed and approved, your award may be reduced or cancelled, and/or you may be suspended from any further Financial Aid.

Student Signature _____ Date _____

Academic Advisor Signature _____ Date _____

This Section – Office Use Only

Date _____ Committee initials: _____
 Approved **Disapproved** **Approved with Stipulations:** _____



Chandler-Gilbert Community College • Estrella Mountain Community College • GateWay Community College • Glendale Community College • Maricopa Skill Center • Mesa Community College • Paradise Valley Community College • Phoenix College • Rio Salado College • Scottsdale Community College • South Mountain Community College

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