MAXIMUM TIMEFRAME/GONZAGA GUARANTEE

Gonzaga is committed to supporting you as you complete your degree. However, there are policies and regulations that limit the amount of aid you can receive. The purpose of this process is to help us understand your educational goals. We will use the information you provide to determine your future aid eligibility. Our goal is to provide information about your financial aid options as you work towards graduation.

Use this form if you will not finish your undergraduate coursework within four years or two years for transfer students.

RELEVANT POLICIES:
- Satisfactory Academic Progress
- Gonzaga Guarantee

INSTRUCTIONS
- Apply for Graduation either on ZagWeb or in the Registrar’s Office (CG229)


- Use the Academic Planning Guide (available through Academic Advising & Assistance) to develop an academic plan for your remaining semesters at Gonzaga.

- Provide an “explanation of circumstances” in the space on the 2nd page of this form. Attach a separate piece of paper if necessary. The explanation should address the reasons you are unable to complete your degree. Mitigating circumstances may include the following:
  - Change of major
  - Transfer to Gonzaga
  - Nine semester Nursing Program
  - Teacher Certification
  - Combination of major for employability
  - Schedule conflicts
  - Medical conflict or ADA requirement
  - Other unusual circumstances

- Schedule an appointment with your advisor. You must meet with your advisor and secure his/her signature on the 2nd page of this form to have your request considered. Be sure to bring your prepared Degree Evaluation and Academic Plan and copy of your completed extension form to the appointment.

- Sign and submit the completed form, your Degree Evaluation, Academic Plan, and any other corresponding documentation to the Student Financial Services Office – Crosby 001 or via email at finaid@gonzaga.edu.
## STUDENT INFORMATION

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<th>Student Name:</th>
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<th>Academic Major(s):</th>
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<th>Anticipated Graduation Date (mm/yy):</th>
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Provide a brief description of why you are requesting an extension of your financial aid; use a separate page if necessary:

__________________________________________________________________________________________________________________________________________________________

## ADVISOR COMMENTS

__________________________________________________________________________________________________________________________________________________________

Advisor Signature

Date

I certify that all information and documentation I have submitted pertaining to this extension request is accurate and true.

Student Signature

Date