State University Grant Maximum Unit Appeal Form

Student Name: ________________________________ CSUB Id: ________________________________

(Please print)

Undergraduate students, who meet State University Grant (SUG) eligibility criteria, and who may have exceeded the (SUG) unit limit (150 earned semester units or quarter unit equivalent) may use this form to appeal for a one-term extension of SUG eligibility if they are able to document a plan to finish a degree program within one term. This form should only be submitted for the term you are expecting to graduate.

Expected Graduation Term:

☐ Fall 2022

☐ Spring 2023

Please include the following supporting documentation indicating the remaining courses required to complete your degree within one semester:

- Graduation App Response - Indicating the classes needed to complete your degree (your enrollment will be verified.)

State University Grant (SUG) Eligibility Criteria:

- Be admitted to or enrolled at a CSU campus
- Pay the State Tuition Fee or International Programs students paying the state tuition fee directly to the Chancellor's Office are eligible
- California Resident or eligible AB540 status
- Not be in default on a student loan
- Not owe a repayment for a previously received student grant
- Meet Satisfactory Academic Progress (SAP), including max time frame.
- EFC that does NOT exceed 50% of the campus standard Off-Campus (not with family) cost of attendance

Please note the following:

- State University Grant is a limited fund. All approved appeals are contingent upon funding availability.
- If your award is granted, the award is contingent on staying enrolled in courses indicated on your Grad Check Response. The award will be canceled if enrollment does not reflect courses required on Grad Check Response.

Certification & Signature

Signing below certifies that all the reported information is complete and correct.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Student Signature ___________________________________________ Date ________________________________

FA Office Use Only:

Signature of Director Financial Aid & Scholarships ________________________________ Date ________________________________

The appeal has been:

☐ Approved

☐ Denied

☐ Referred to Committee

FSUGA1 - 02/10/2022