



PAYMENT EXTENSION Request For Degree/ Certificate Programs

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Your social security number is confidential and, under a federal law called the Family Educational Rights & Privacy Act, the college will protect it from unauthorized use and/or disclosure. In compliance with state and federal requirements, disclosure may be authorized for the purpose of state and federal financial aid, tax credits, academic transcripts, assessment or accountability research.

STUDENT ID NUMBER: _____ DATE: _____ BIRTH DATE: _____

NAME: _____ PHONE NO. _____

PROGRAM TITLE: _____ EMAIL ADDRESS: _____

AMOUNT DUE: _____

Indicate quarter for extension request:

SUM WTR SPR FALL

How do you plan to self-pay by the approved extension date?

TO BE COMPLETED BY STAFF:

Approved Extension date: _____

Date Received: _____

Initialed: _____

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