



SAN DIEGO MESA COLLEGE

7250 Mesa College Drive
San Diego, California 92111-4998

Financial Aid Office Hours

FALL & SPRING SEMESTERS

M - TH 8:00 - 6:00

F 8:00 - 12:00

SUMMER SESSIONS

M - W 8:00 - 6:00

TH 9:00 - 6:00

F CLOSED

Office of Financial Aid

619-388-2817

FAX 619-388-2824

Dear Student:

In reviewing your financial aid file, we find that the Educational Objective you declared to the Financial Aid Office either does not agree with the objective you selected on your Application for Admission to the college, or is an educational objective which does not allow us to pay you any federal financial aid funds.

The following educational objectives are approved for payment of financial aid:

- . A = Obtain a bachelor's degree AFTER completing an associate degree.
- . B = Obtain a bachelor's degree WITHOUT completing an associate degree.
- . C = Obtain a two year associate's degree without transfer.
- . D = Obtain a two year vocational degree without transfer.
- . E = Earn a vocational certificate without transfer.

The objective you selected on your Admissions Application was something other than described above. If in fact your educational objective is one of the above, you should complete the bottom of this form indicating the change you would like to have made. This form should then be returned to the FINANCIAL AID OFFICE. **Until it is received, your application for aid will not be complete and you will not be offered any federal aid.** If your educational goal is not one of those listed above you should contact the Financial Aid Office to determine your eligibility if you wish to apply for a loan only.

Please remember that the objective you select **MUST** agree with the goal you declared to the Financial Aid Office and that **any Educational Program Plan you submit must be based on your declared objective and goal.** If you have any questions about this, please contact the Financial Aid Office at 619-388-2817 so that we can assist you.

PLEASE COMPLETE AND RETURN THIS FORM TO THE FINANCIAL AID OFFICE TO COMPLETE YOUR FILE.

NAME: _____ CSID: _____

I verify that my Educational Objective is to: (**Mark one box only**)

A _____ B _____ C _____ D _____ E _____

Signature

Date