

Request for Financial Aid Extension



Name _____
Address _____
City, State, Zip _____
Student ID# _____ Major/Program _____
Phone _____
E-mail Address _____

Complete this form
and return to the TSTC
Financial Aid Office.

Part I - to be completed by student

When did you enter TSTC? Semester _____ Year _____
What is the last semester your current financial aid will cover? Semester _____ Year _____
When will you graduate? Semester _____ Year _____

List the courses that you need to take to graduate.

List the course name and number for each semester in the order that you plan to enroll for them.

SEMESTER	_____ / _____	_____ / _____	_____ / _____	_____ / _____
COURSE/CREDITS	_____ / _____	_____ / _____	_____ / _____	_____ / _____
COURSE/CREDITS	_____ / _____	_____ / _____	_____ / _____	_____ / _____
COURSE/CREDITS	_____ / _____	_____ / _____	_____ / _____	_____ / _____
TOTAL CREDITS	_____	_____	_____	_____

Why are you going to graduate behind schedule? _____

Are you repeating courses (which ones)? _____

I certify that the above information is correct.

Student Signature _____ Date _____

Part II - to be completed by program chair/advisor

I have reviewed this student's curriculum and transcript and certify that the courses listed above are required for graduation.

Comments _____

Advisor Signature _____ Date _____

Part III - to be completed by financial aid office

This request is: Approved Denied

Comments _____

Financial Aid Representative _____ Date _____

For Office Use Only: CRI Code: **FAC09EX** Date Entered: _____ Initials: _____ Date Scanned: _____ Initials: _____