

## Financial Aid Maximum Time Frame Hours Check

For Students who have exceeded 140 attempted hours UNDG or 30 attempted hours GRAD

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Student ID

Major:

Minor:

I am requesting my remaining courses starting in:   ☐ Fall   ☐ Spring   ☐ Summer   Year: \_\_\_\_\_

INSTRUCTIONS: Meet with your ECU Academic Advisor for your Major and Minor (if applicable) and create a list of all courses needed to complete the above indicated program(s). *Please also attach a copy of a current semester degree audit from the Record's Office. When completing this form, please be complete and accurate.*

**Only REQUIRED courses to graduate may be taken to receive Federal Financial Aid funds.**

| Course Name | Course # | Credits | Term of Enrollment |
|-------------|----------|---------|--------------------|
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|             |          |         |                    |

| Course Name | Course # | Credits | Term of Enrollment |
|-------------|----------|---------|--------------------|
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|             |          |         |                    |

Student needs \_\_\_\_\_ credits to complete his/her major listed above, which is the student's declared degree.

\_\_\_\_\_  
Advisor Printed Name

\_\_\_\_\_  
**Major** Advisor Signature

\_\_\_\_\_  
Date

Student needs \_\_\_\_\_ credits to complete his/her minor listed above, which is the student's declared degree.

\_\_\_\_\_  
Advisor Printed Name

\_\_\_\_\_  
**Minor** Advisor Signature

\_\_\_\_\_  
Date

BE AWARE: Your signature below acknowledges that you have READ and UNDERSTAND the following restrictions:  
ADDITIONAL, SUBSTITUTED, REPEATED, FAILED, INCOMPLETED, or WITHDRAWN classes may cause for a  
termination of Federal Aid eligibility.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please Return to the East Central University – Financial Aid Office

In Person: Administration Bldg, Room 101

By Fax: 580-559-5638

Intercampus Mail: PMB A-8