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:				
•	t with you omplete th m the Reco	r ECU Acac ne above ir rds's Office	lemic Advisor fo ndicated progran e. When comple	r your Major and	Minor (if app ttach a copy ease be comp	licable of a cu lete an	rrent semes nd accurate.	
Course Name	Course #	Credits	Term of Enrollment	Course Na	ame	urse #	Credits	Term of Enrollment
Student needs	credits to o	complete h	is/her major list	ed above, which is	s the student	's decl	ared degree	
Advisor Printed Name Major Advis				sor Signature		Date		
Student needs	credits to o	complete h	is/her minor list	ed above, which is	s the student	s decl	ared degree	•
Advisor Printed Name Minor Advis				isor Signature		Date		
BE AWARE: Your si ADDITIONAL, S	_	ED, REPEA	TED, FAILED, INC	u have READ and COMPLETED, or W deral Aid eligibilit	/ITHDRAWN (_	
		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