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:				
-	et with you complete tl	r ECU Acad ne above in ord's Office	demic Advisor fondicated program Men Comple	r your Major and N	Minor (if ap ttach a cop ase be com	pplicable y of a cu plete and) and create errent semes d accurate.	
Course Name	Course #	Credits	Term of Enrollment	Course Na	ame	Course #	Credits	Term of Enrollment
Student needs	credits to o	complete h	iis/her major list	ed above, which is	the stude	nt's decl	ared degree	··
Advisor Printed Name Major Advis				sor Signature		Date		
Student needs	_credits to (complete h	is/her minor list	ed above, which is	s the stude	nt's decl	ared degree	! .
Advisor Printed Name Minor Advis				isor Signature		Date		
BE AWARE: Your s ADDITIONAL,	_	ED, REPEA	TED, FAILED, INC	u have READ and I COMPLETED, or W deral Aid eligibility	ITHDRAWN		_	
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