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	s starting in: [] Fall	[]Spring []Summe	r Year:
courses needed to complete the a	bove indicated program	n(s). Please also attach	or (if applicable) and create a list of all a copy of a current semester degree 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		Course Name	Course #	Credits	Term of Enrollment
				-				
				-				
				-				
				-				
				-				

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 Adviso	or Signature Date
•	e ,	have READ and UNDERSTAND the following restrictions DMPLETED, or WITHDRAWN classes may cause for a leral Aid eligibility.
-	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