Financial Aid Maximum Time Frame Hours Check

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

Last Name	Last Name		First Name		Student ID			
Major:				Minor:				
-	et with you complete tl	or ECU Acad he above in ord's Office	demic Advisor for dicated program	r your Major and M	linor (if applicable tach a copy of a c se be complete an	e) and create urrent semes nd accurate.		
Course Name	Course #	Credits	Term of Enrollment	Course Na	me Course	Credits	Term of Enrollment	
Student needs	credits to o	complete h	is/her major liste	ed above, which is	the student's dec	lared degree		
Advisor Printed Name Major Advis			sor Signature	 Date				
Student needs	credits to o	complete h	is/her minor listo	ed above, which is	the student's dec	lared degree		
Advisor Printed Name Minor Advis				sor Signature	Date	Date		
	-	ΓED, REPEA	TED, FAILED, INC	u have READ and U COMPLETED, or WI deral Aid eligibility	THDRAWN classe	_		
		Student S	ignature		 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