

## 2022-2023 SUMMER AID REQUEST FORM

## **INSTRUCTIONS:**

Make sure form is filled out completely to be considered for additional aid for the summer. Please be aware that you may be required to enroll in at least 6 credit hours over the course of the summer to qualify.

Student Name:	ID Number:
Email:	Phone Number:
B. Reason for requ	est:
Please explain why you a	re wanting, or needed, to take courses in the summer:
C. Total credit hou	ırs:
Please list total credit h	ours you are taking per 8 –week term:
□ Summer Term 1	(May to June):
□ Summer Term 2	(June to August):
Signature: I understand that by conadditional aid.	mpleting and signing this document there is no guarantee I will qualify for
Signature:	Date:

\*Once submitted, all communications about decision will go to email address provided\*