



**OFFICE USE ONLY**

Is student in 2<sup>nd</sup> year standing or above in current program?  Yes

No

COMMENTS:

Counselor/Advisor name (**PRINT**) \_\_\_\_\_

Counselor's signature \_\_\_\_\_ Date \_\_\_\_\_

**FINANCIAL AID USE**

Approved  Through \_\_\_\_\_ Date \_\_\_\_\_

Conditions:

Prog/Intent \_\_\_\_\_

\_\_\_\_\_ GPA by \_\_\_\_\_

\_\_\_\_\_ Credits by \_\_\_\_\_

see attached contract

Comments:

Advisor requesting information \_\_\_\_\_

Student number of program changes: \_\_\_\_\_

Student Pace in Prog # \_\_\_\_\_: \_\_\_\_\_%

Over 150%

Denied  \_\_\_\_\_ Date: \_\_\_\_\_