



STUDENT-ATHLETE: This request will not be considered without verification that the hours or courses below are required for graduation. Final determination on your eligibility to receive Athletics Financial Aid for your fifth year will be based on the Graduation Enhancement Policy.

Full Name (Last, First, Middle):

Sport

PUID

Local Telephone Number

E-mail

Local Address (No. Street, Apt. #)

City, State, Zip

Indicate summer session enrollment(s) and number of hours previously taken using athletic aid.

20____ hrs. 20____ hrs. 20____ hrs. 20____ hrs

Year of first college enrollment

Year of first enrollment at Purdue

Credits currently enrolled: _____

Total number of credits required for graduation: _____

Total number of credits successfully completed toward degree: _____

Expected Graduation Date: _____

TO BE COMPLETED BY SCHOOL ACADEMIC ADVISOR

Please list the courses in which student will be registered during the fall/spring semesters. If the course is not required for graduation please explain why the student needs to take the course.

Course	FALL Req. Y/N	Credits	Course	SPRING Req. Y/N	Credits
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- I understand that withdrawing from any class will result in my grant-in-aid being prorated or cancelled according to my remaining academic load.
- I must supply my PUID on this form.
- I must complete this form in its entirety. Failure to do so will prevent my request from being processed.

Student-Athlete (signature)

Date

Head Coach (signature)

Date

School Academic Advisor (signature)

Date

Athletic Academic Advisor (signature)

Date

Academic Support Services Director (signature)

Date

Compliance Office (signature)

Date

For Office Use Only: Per the Purdue Graduation Enhancement Policy, student-athlete has currently used _____ semesters and _____ summers of athletics aid.