



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 the summer session will be based on the Graduation Enhancement Policy.

Full Name (Last, First, Middle):

Sport

PUID

Local Telephone Number

E-mail

During Summer School I will be Living:

☐ On-Campus ☐ Off-Campus (Local) ☐ Home (Permanent) Address ☐ Co-op/Internship ☐ Study Abroad ☐ Other: _____

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.

Current Year of Eligibility

1 ☐ 2 ☐3 ☐ 4 ☐

Year of first college enrollment

Year of first enrollment at Purdue

School _____ Major _____

Number of courses withdrawn from: _____

Number of courses failed: _____

Credits currently enrolled in during spring semester: _____

CGPA: _____

Total number of credits successfully completed toward degree: _____

Expected Graduation Date: _____

TO BE COMPLETED BY SCHOOL ACADEMIC ADVISOR

Please list the courses and modules in which student will be registered during the summer session(s). If the course is not required for graduation please explain why the student needs to take the course this summer.

Course	Req. for graduation Y/N	Credits	Module Attending (Ex. 1, 2, 3, 6-1, 6-2)	Correspondence/ On-line Course Y/N
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- I UNDERSTAND THAT WITHDRAWING FROM ANY CLASS WILL RESULT IN MY GRANT-IN-AID BEING PRO-RATED OR CANCELLED ACCORDING TO MY REMAINING ACADEMIC LOAD. ALSO, WITHDRAWING FROM SUMMER SCHOOL COURSES WILL RESULT IN MY BEING BILLED FOR THOSE COURSES.
- ROOM AND BOARD WILL NOT BE PAID FOR DISTANCE LEARNING COURSES NOT TAKEN ON PURDUE'S MAIN CAMPUS. FALSIFYING INFORMATION WILL RESULT IN MY BEING BILLED FOR ANY ROOM AND BOARD RECEIVED.
- I MUST SUPPLY MY PUID ON THIS FORM.
- I MUST COMPLETE THIS FORM IN ITS ENTIRETY. FAILURE TO DO SO MAY 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.