



## Fifth-Year Aid Approval Form

**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):	E-mail
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Social Security Number	PUID Number	Local Telephone Number	Sport
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Local Address (No. Street, Apt. #)

City, State, Zip

Indicate summer session enrollment(s) and number of hours taken 20__ __hrs. 20__ __hrs. 20__ __hrs. 20__ __hrs	Year of first college enrollment	Year of first enrollment at Purdue
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Credits successfully completed during fall of the 4 <sup>th</sup> year: _____ Credits currently enrolled in: _____	Total number of credits required for graduation: _____ Expected Graduation Date: _____	Total number of credits successfully completed toward degree: _____
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**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 social security number on this form.
- I must complete this form completely. Failure to do so may prevent my request from being processed.

Student-Athlete (signature)	Date
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Head Coach (signature)	Date
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School Academic Advisor (signature)	Date
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Athletic Academic Advisor (signature)	Date
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Academic Support Services Director (signature)	Date
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Compliance Office (signature)	Date
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