



## Summer Session 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 the summer session will be based on the Graduation Enhancement Policy.

Full Name (Last, First, Middle):	E-mail
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Soc. Sec. Number	PUID Number	Telephone Number	Sport
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During Summer School I will be Living:    On-Campus     At Home     Co-op/Internship     Study Abroad

Local Address (No. Street, Apt. #), City, State, Zip

Indicate summer session enrollment(s) and number of hours taken 20__ __hrs.    20__ __hrs.    20__ __hrs.	Current Year of Eligibility 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Year of first college enrollment	Year of first enrollment at Purdue
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School _____ Major _____ Number of credits withdrawn from: _____ Number of courses failed: _____	Credits currently enrolled in during spring semester: _____ CGPA: _____ IGPA: _____	Total number of credits successfully completed toward degree: _____ Expected Graduation Date: _____
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### 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	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 MAY RESULT IN MY BEING BILLED FOR THOSE COURSES.
- ROOM AND BOARD WILL NOT BE PAID FOR CORRESPONDENCE/ON-LINE COURSES NOT TAKEN ON PURDUE'S MAIN CAMPUS.
- I MUST SUPPLY MY SOCIAL SECURITY NUMBER AND MY PUI D NUMBER ON THIS FORM.
- I MUST COMPLETE THIS FORM -- 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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