

## Scholarship Office Academic Scholarship Extension Form

Sem.

Sem. GPA | Cum. GPA

❖ Complete the form below and return to the Scholarship Office at 201 Wilder Tower. Fall extension decisions are made after the July 15<sup>th</sup> deadline. Spring extension decisions are made after the December 14<sup>th</sup> deadline.

## Extension request deadline for Fall is July 15<sup>th</sup> Extension request deadline for Spring is December 14<sup>th</sup>

Comments/Special Circumstances: \_\_\_\_\_

i lease maleate the term	you are requesting an extension:	Fall	_ Spring	
Name:	First Mic	I	Date Submitted: _	
Last	First Mid	ldle		
U ID Number:		Phone Number:		
Mailing Address:	Street	City	State	Zip Code
	nired):			Zip Code
•				
Most Recent Term GPA:		Cumulative GPA	:	
		Expected Gradua	tion:	
3		1		TERM/YEAR
Did you complete your	scholarship service hours for the pas	st year? (Circle)	Yes N	0
To submit an extension	request, <u>you must</u> provide the follo	wing information:		
1. Briefly describe bel	ow why you need <b>ONE</b> additional s	cholarship semester (P	RINT CLEARL	<b>Y</b> ):
	ny supporting documentation (i.e. ac			
	<b>prevented your degree completion reports.</b> The committee will be pro			
enclose any grade				14 4 1 1 1 1 6
I certify that all of the a	bove statements and attached docum  OT guarantee approval and that I am			