

Remaining Courses Required for Degree

Return Form to: The Office of Financial Aid 2404 North Grand Ave. Tyler, Texas 75702 Telephone: (903) 593-8311 Fax:

(903)593-9607 Email:financialaid@texascollege.edu

Name:	Student ID#					
complete you will need to e you intend to	Student Name (Last, First, M.I.) form if you are appealing for financial aid r degree. Please work with your Academic Anter the remaining courses/credit hours requitake them. Only courses/credit hours requiremit this form with your appeal to be reconsi	Advisor to create an expedient pla uired to complete your degree wi red to complete your major and n	an to obtain your degree. Your Advisor ith your input on the semester in which			
Degree: _						
Major:						
Minor (if	applicable):					
Expected	Date of Graduation:					
this form.	ible for financial aid, I understan I will keep a copy of this form to e Office of Financial Aid if I add n my enrollment may make me in	o use during registration. or drop courses after my	I also understand that I must appeal is approved and that			
Student Si	gnature		Date			
	(Fields below are to be	completed by your Academic Ad	lvisor)			
	Semester and Year:					
	Course	Course #	Credits			
	Example: PSYC	384	3			
	Total Credits:					

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	Semester and Year: Course	Course #	Credits	
	Example: PSYC	384	3	
	Example, 1 STC	304	3	
	Total Credits:			
	Semester and Year:			
	Course	Course #	Credits	
	Example: PSYC	384	3	
	Total Credits:			
	Semester and Year:			
	Course	Course #	Credits	
	Example: PSYC	384	3	
	Total Credits:			
	Total Cleuits.			
		0.1011		
	I certify that these courses as	re necessary to fulfill grad	luation requirements.	•
me of	Academic Advisor (please prin	nt)		
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artm	ent	Dhon	e Number	
partm	CIII	FIIOI	ic railioci	
	g: ,		D 1	
visor	Signature	Date	Date Prepared	