

# Remaining Courses Required for Degree

Name: \_\_\_\_\_  
Student's Name (Last, First, M.I.)

ID: \_\_\_\_\_  
Student Identification Number (SID)

Complete this form if you are appealing for financial aid because you have exceeded the maximum allowed credit hours to complete your degree or because you have exceeded the 150 credit hour limit to receive university-funded grants. Please work with your Academic Advisor to create an expedient plan to obtain your degree. Your Advisor will need to enter the remaining courses/credit hours required to complete your degree with your input on the semester in which you intend to take them. **Only courses/credit hours required to complete your major and minor, if applicable, should be listed.** You must submit this form with your appeal to be reconsidered for aid.

**Please note:** if you are a double degree/major, complete a separate form for **each degree/major** you are pursuing.

Degree: \_\_\_\_\_

Major: \_\_\_\_\_

Minor (if applicable): \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

**To be eligible for financial aid, I understand that:** I must only register for the courses listed on this form. I will keep a copy of this form to use during registration. I also understand that I must contact the Office of Financial Aid if I add or drop courses after my appeal is approved and that a change in my enrollment may make me ineligible for financial aid in future semesters.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

Electronic and typed signatures are not acceptable.

.....  
(Fields below are to be completed by Academic Advisor)

Semester and Year:		
Course	Course #	Credits
<b>Total Credits:</b>		

Semester and Year:		
Course	Course #	Credits
<b>Total Credits:</b>		

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Please submit your form by mail, fax or online at <https://ofa.colorado.edu/fileupload/>  
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Semester and Year:		
Course	Course #	Credits
<b>Total Credits:</b>		

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Course	Course #	Credits
<b>Total Credits:</b>		

I certify that these courses are necessary to fulfill graduation requirements.

\_\_\_\_\_  
Name of Academic Advisor (please print)

\_\_\_\_\_  
Department Phone Number

\_\_\_\_\_  
Advisor Signature Date Prepared