

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. Work with your academic advisor to create an expedient plan to obtain your degree, then enter the remaining courses/credit hours required to complete your degree below and which semester you plan to take them. Advisors must sign the final section after student completes the course lists. **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.

Current Semester and Year:		
Course	Course #	Credits
<i>Example: PSYC</i>	<i>3684</i>	<i>3</i>
Total Credits:		

Future Semester and Year:		
Course	Course #	Credits
Total Credits:		

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Please submit your form by mail or online at www.colorado.edu/financialaid/forms/secure-document-upload
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Future Semester and Year:		
Course	Course #	Credits
Total Credits:		

Future Semester and Year:		
Course	Course #	Credits
Total Credits:		

Future Semester and Year:		
Course	Course #	Credits
Total Credits:		

Future Semester and Year:		
Course	Course #	Credits
Total Credits:		

Student signature

Date

Electronic and typed signatures are not acceptable.

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

Name of Academic Advisor (please print)

Department Phone Number

Advisor Signature Date Prepared