

## WAIVER EXTENSION REQUEST

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Name \_\_\_\_\_ ID Number \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Major or Program of Study: \_\_\_\_\_

Planned Graduation Date: \_\_\_\_\_ Expected Degree: \_\_\_\_\_

ISU E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

### PROCEDURE FOR REQUESTING EXTENSION ON NRTW'S & WUE'S (9 SEMESTERS (5<sup>TH</sup> YEAR))

1. This waiver request form with signature. (or check mark if unable to provide signature).
2. A letter of appeal explaining why 8 semesters of funding was not sufficient.
3. A letter or form detailing which courses you will be registered for and which terms.
4. An advisor signature certifying that these specific courses will allow you to complete your degree within the designated timeframe (i.e. 9 semesters).

The above documents will be reviewed by the Director of Scholarships and a decision will be made. An e-mail will be sent to you with such decision. This decision *is* the final decision.

I understand the waiver request policy and attest that the information provided is true and correct.

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Student Signature \*(typing your name above serves as your electronic signature)

Date

#### Office Use Only:

Current GPA: \_\_\_\_\_ Class Level: \_\_\_\_\_ Total Credits: \_\_\_\_\_

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

Comments: \_\_\_\_\_