

WAIVER EXTENSION REQUEST

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 (5TH 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).

Student must be meeting requirements of the scholarship upon review. 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.

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

Date

Office Use Only:

Current GPA: _____ Class Level: _____ Total Credits: _____

Major: _____ Minor: _____

Comments: _____