

**UNIVERSITY OF EVANVILLE**  
**2018-19 Scholarship Extension Request**

Student Name \_\_\_\_\_ UE ID Number \_\_\_\_\_

UE E-mail \_\_\_\_\_@evansville.edu Student Cell Phone Number \_\_\_\_\_

The University of Evansville will consider requests from students who are seeking their first degree for their first major. Appeals will not be considered for students that require extra semesters to complete a second degree, second major, a minor or an endorsement. This appeal is for **UE-funded gift assistance** (scholarships and/or grants) only and will only be considered for one to two semesters after the required length of time to complete the degree.

Aid from federal and State of Indiana sources will be available under the regulations which govern those programs. Therefore, students who have not exhausted eligibility may be eligible to receive federal grants, state grants, or federal loans.

To be considered for an extension you must:

- Have completed a degree audit with the Office of the Registrar. Please attach it to this form.
- Have completed an Application for Degree with the Office of the Registrar.  
 Expected Graduation Date (Month/Year): \_\_\_\_/\_\_\_\_
- Consult with your academic advisor to confirm the exact courses needed to complete your degree requirements. List those classes below.

Fall 2018		Spring 2019	
Class #	Credit Hours	Class #	Credit Hours

Reason for not completing your degree within the designated program length:

\_\_\_\_\_

\_\_\_\_\_

I understand that this is a one-time request and I must graduate in the time indicated. This may require that I take summer courses in Summer 2018 or Summer 2019 for which I will not receive any UE funds.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FOR ADVISOR OR OTHER ACADEMIC OFFICIAL:**

I confirm that the student will meet the requirements for his/her first undergraduate degree by successfully following the plan above.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Email \_\_\_\_\_@evansville.edu

(For example Faculty Advisor, individual performing degree audit, Department Chair, etc.)

**Return form to:** Office of Financial Aid, Olmsted Hall Room 116  
**FAX:** Form may be faxed to (844) 433-7153  
**EMAIL:** Trisha Hawkes/Administrative Assistant th187@evansville.edu