

Post 4th Year Financial Aid Appeal 2023-24

Student	Name:			UE ID Number: _		
	last	first	middle	Campus Email: _	@evansvill	e.edu
The Univ	versity of Evansville will cons	ider requests from studer	nts who are seeki	ng assistance for seme	sters beyond their first four ye	ears.
	federal and State of Indiana e not exhausted eligibility ma		_	_	e programs. Therefore, stude s.	nts
	To be considered for an ex	tension you must comple	ete the following	:		
	 Degree audit with the 	e Office of the Registrar.				
	 Consult with your ac List those classes be 		n the exact cours	es needed to complete	your degree requirements.	
		d signing this form, ask A mpleted form to our offic		es to complete the bott	om section.	
	Fa	II 2023		Spring 2024		
	Class #	Credit Hours		Class #	Credit Hours	
Expected	d Graduation Date (Month/Yo	ear):/				
Student Signature:				Date:		
I confirm	TO BI	E COMPLETED BY (ne requirements for his/he			_	
Signature	e:		Printe	Printed Name:		

Return form to:

Office of Student Financial Services 1800 Lincoln Avenue, Evansville, Indiana 47722 812-488-2364 • 800-424-8634

Fax: 844-433-7153

Email: studentfinancialservices@evansville.edu