

My CWID: _____ Student's First Name: _____ Last: _____

Scholarship Enrollment Exception Certification Form

Office of Financial Aid & Scholarships
P.O. Box 3011, Commerce, TX 75429-3011
Phone: (903)886-5096 Fax: (903)886-5098 Email: Scholarships@TAMUC.edu



Academic Year 2018-2019	
Fall 2018	Deadline: September 12, 2018
Spring 2019	Deadline: January 30, 2019

Exception Form must be completed each semester for which you do not meet the credit hour requirement. Processing will begin after the 12th class day, and will be reviewed in the order in which they are received.

This form is applicable only to the scholarships listed (please choose from the drop down box): _____

THIS SECTION TO BE COMPLETED BY YOUR ACADEMIC ADVISOR:

After reviewing the education plan for this student and class schedule for the semester indicated above, I find that this student is not able to register for the minimum 15 credit hours (9 for graduate students) in the semester indicated above for the following reason(s):

- Student is pursuing the academic program _____ which limits enrollment to no more than 12 credit hours (6 for graduate students) in a semester.
- Student is graduating in the semester indicated above and has only _____ credit hours remaining to complete.
- Student is registered with Disability Services and is limited to 12 hours per semester as a condition of the disability (Disability Services will need to sign below, as well as the Academic Advisor).
- Student is not able to register in 15 credit hours, as the courses which are part of the degree plan are not being offered in the semester above.

Academic Advisor Name (Please print)

College

Academic Advisor Telephone

Academic Advisor Email Address

Academic Advisor Signature

Date

** (If required) Signature of Director of Disability Services: _____

Student Signature

Date