



The Office of Student Financial Assistance

2018 – 2019
Scholarship Enrollment Waiver

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Last Name

First Name

MI

TAMUCT ID

In order to receive your scholarship award(s), you must meet all specified eligibility requirements, including any scholarship enrollment requirements. However, if it is your last semester (due to graduation) and you have limited credit hours remaining to complete your degree, your enrollment requirements will be waived upon completion of this form.

STEP 1: LIST ALL SCHOLARSHIPS YOU WERE AWARDED

Name of Scholarship _____

Name of Scholarship _____

Name of Scholarship _____

Name of Scholarship _____

Name of Scholarship _____

STEP 2: FACULTY ADVISOR MUST COMPLETE THE BELOW SECTION

Student Level: () Undergraduate () Graduate

Student's Expected Graduation Date Term ____ Year ____

Name of Course(s) Remaining:

Academic Advisor Name: _____

Date: _____

Academic Advisor Signature: _____

Date: _____

This waiver will not be processed unless all blanks are complete. Completed applications must be submitted to the Office of Student Financial Assistance, Founder's Hall 108.

I certify that the information above is accurate and complete to the best of my knowledge.

Student's Signature: _____

Date: _____