

THIS FORM IS ONLY FOR STUDENTS ADMITTED & AWARDED PRIOR TO SUMMER 2024.

SCHMAX



DEADLINE: 2ND FRIDAY OF SEMESTER

Financial Aid & Scholarships
225 South University Ave
St. George, UT 84770
Phone: 435-652-7578

Email: scholarships@utahtech.edu

SCHOLARSHIP CREDIT MAX EXTENSION REQUEST

STUDENT CAN ONLY REQUEST UP TO 2 SEMESTERS

Student's Name: _____ Student ID: _____

Are you a Student Athlete? Yes No *If yes, form must also be signed by NCAA Advisor.*

Please explain, in detail, why you need more than the credit maximum to finish your degree:

*****ONLY A UTAH TECH ACADEMIC ADVISOR IS ALLOWED TO FILL OUT GRAD PLAN*****

Required?	SEM 1 <input type="checkbox"/> FALL <input type="checkbox"/> SPRING Year _____		
	Course	Name	Credit

Required?	SEM 1 <input type="checkbox"/> FALL <input type="checkbox"/> SPRING Year _____		
	Course	Name	Credit

I hereby certify that the above information is true and accurate.

Advisor's Signature _____ Print Name _____ Date _____

NCAA Advisor must sign here if student is an athlete

NCAA Advisor Signature _____ Print Name _____ Date _____

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STUDENT AGREEMENT & CONTRACT

IF APPROVED, I agree to the following conditions and limitations:

- ✓ **Register for and pass a minimum of 12 credits each semester, except for my graduating semester.**
- ✓ **I understand that academic scholarships do not pay towards any summer semester.**
- ✓ **Maintain the minimum overall GPA required for your scholarship.
(See your award letter for details)**
- ✓ **I understand that I am only allowed to take the courses listed each semester on the “Degree Audit” form that was completed by my academic advisor.**
- ✓ **I understand that I cannot withdraw, audit or fail any classes on this request.**
- ✓ **I understand that my eligibility will be checked at the end of each semester to ensure that I am meeting the academic requirements as set out in my award letter.**
- ✓ **I understand that if the “Degree Audit” states that I will be enrolled in fewer than 12 credits that are required for graduation, my scholarship will be prorated to my enrollment percentage AND that I will forfeit any remainder of the full scholarship amount.**
- ✓ **I understand that if I fail to graduate in the 1-2 semesters allowed, then any future semesters will be without the aid of my academic scholarship.**
- ✓ **I understand that I am not guaranteed this extension request, just by submitting it to the Scholarship Office.**

By signing this form, I agree to all of the above requirements as outlined in this contract.

Student Signature _____ Print Name _____ Date _____

Scholarship Office Use Only – Do Not Write Below This Line*

GPA: _____ Completed Hours: _____ () Approved () Denied

Attempted Hours: _____ New Attempted Hours Max: _____

of Semesters Approved: _____ Required GPA: _____