



**PURDUE UNIVERSITY
DEPARTMENT OF INTERCOLLEGIATE ATHLETICS
FIFTH-YEAR AID APPROVAL FORM**

REQUEST WILL NOT BE CONSIDERED WITHOUT VERIFICATION FROM THE SCHOOL THAT THE HOURS OR COURSES ARE REQUIRED FOR GRADUATION.

The final determination on your eligibility to receive Athletic Financial Aid for your fifth year will be based on Athletic Department policy regarding this matter.

(PLEASE PRINT)

Student Name : _____ SS#: _____ Sport: _____

Summer Address : _____ Phone #: _____
(Street #, city state, zip)

Campus Address : _____ Phone #: _____
(Street #, city state, zip)

Home Phone: _____ Sport: _____ CGPA: _____

Indicate summer session enrollment(s) and number of hours taken:

19 _____ hrs, 19 _____ hrs, 20 _____ hrs.

Year of 1st college enrollment _____ Year of 1st enrollment at Purdue: _____

Credits successfully completed during fall of the 4th year: _____ Credits currently enrolled in: _____

Total number of credits failed to date: _____ Total number of credits withdrawn from to date: _____

Total number of credits required for graduation: _____ Expected Graduation Date: _____

Total number of credits successfully completed toward degree: _____

Course	FALL Req. Y/N	Credits	Course	SPRING Req. Y/N	Credits
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I understand that withdrawing from any class will result in my GIA being prorated or cancelled according to my remaining academic load.

Student's Signature: _____ Date: _____

School Academic Advisor's Signature: _____ Date: _____

School Academic Advisor's Office Phone: _____

Athletic Advisor's Signature: _____ Date: _____

Head Coach's Signature: _____ Date: _____

Academic Services Director's Signature: _____ Date: _____

Compliance Coordinator's Signature: _____ Date: _____