

Financial Aid Maximum Time Frame Hours Check

For Students who have exceeded 140 attempted hours

_____ Last Name _____ First Name _____ Student ID

Major:	Minor:
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I am requesting my remaining courses starting in: Fall Spring Summer Year: _____

INSTRUCTIONS: Meet with your Southeastern Academic Advisor for your Major and Minor (if applicable) and create a list of all courses needed to complete the above indicated program(s). *Please also attach a copy of a current semester graduation check from the Registrar's Office. When completing this form, please be complete and accurate.*

Only REQUIRED courses to graduate may be taken to receive Federal Financial Aid funds.

Course Name	Course #	Credits	Term of Enrollment

Course Name	Course #	Credits	Term of Enrollment

Student needs _____ credits to complete his/her major listed above, which is the student's declared degree.

_____ _____ _____
 Advisor Printed Name **Major** Advisor Signature Date

Student needs _____ credits to complete his/her minor listed above, which is the student's declared degree.

_____ _____ _____
 Advisor Printed Name **Minor** Advisor Signature Date

BE AWARE: Your signature below acknowledges that you have READ and UNDERSTAND the following restrictions: ADDITIONAL, SUBSTITUTED, REPEATED, FAILED, INCOMPLETED, or WITHDRAWN classes may cause for a termination of Federal Aid eligibility.

_____ _____
 Student Signature Date