Student Name _____________________________________ University ID Number ____________________  
(please print)  Last                             First                         Middle

**Signature and Consent**

Signature certifies that you have read the statement below. Form must be signed and dated. An incomplete form will delay or prevent processing. Please allow 10-15 business days for processing.

Signature certifies that all of the information provided on this form is correct to the best of my knowledge.

**Advisor Printed Name:** ___________________________  **Title:** ___________________________

**Department:** ___________________________  **Office Phone:** ___________________________

**Advisor Signature:** ___________________________  **Email:** ___________________________

I understand that completing this form does not guarantee an increase or adjustment in financial aid.

**Student Signature:** ___________________________  **Date:** ___________________________

**Course**  **Hours**  **Semester**  **Required for Degree or Minor?**  
Indicate Yes or No