

STATEMENT OF ACADEMIC INTENT- Summer 2 2020

Student First Name: _____ Student Last Name: _____ ID: _____

DOB: ____/____/____ Primary Phone #: (____) _____-____ Secondary Phone #: (____) _____-____

In order to be eligible for financial aid, students must be enrolled in courses for a degree-seeking program. Post-Bac, transient, and students enrolled in certification or professional improvement courses do **not** qualify for financial aid. This form is for students classified as 'non-degree seeking' requesting financial aid. Please return this form (and any supporting documentation) to the Financial Aid Office after its completion.

Are you:

Seeking a 2nd Bachelor's or a Master's. If so, which degree?

Pursuing a Certificate?

Taking Pre Requisites for Masters' program, if so, which program?

Taking courses to improve GPA?

Seeking Professional Improvement?

Second Degree/Master's students: (Please initial below)

____ Your classification as "2nd degree-seeking" or "Master's" student must be reflected in your official academic record with the Registrar's Office. **If it is not, you must update it before census date.**

____ You must maintain SAP eligibility requirements

____ You must be enrolled in a **minimum** of 6 hours to be eligible for financial aid

Pre-requisite students: (Please initial below)

____ You must attach letter from department outlining your program's prerequisites

____ Financial Aid can **only** pay towards the outlined prerequisite courses

____ You have **one calendar year** to complete the listed prerequisite courses

____ You must be enrolled in a **minimum** of 6 hours of prerequisite courses each semester

____ You must maintain SAP eligibility requirements

STUDENT CERTIFICATION:

*I certify that all of the information provided on this form and any supporting documentation submitted with this form are accurate and complete. **I understand that not updating my record with the Office of the Registrar or change in enrollment before Census Date of the term may affect financial aid eligibility.***

Student Signature: _____ Date: _____

Please submit to either of the following UTRGV locations:

<p>The Tower, Main 1.100 One West University Blvd. Brownsville, Texas 78520 Ph: (888) 882-4026 Fax: (956) 882-8229</p>	<p>Visitors Center 1.113 1201 West University Drive Edinburg, Texas 78539 Ph: (888) 882-4026 Fax: (956) 665-2392</p>
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For Office Use Only:
Processed by: _____

Date: _____