LIPSCOMB UNIVERSITY

Scholarship Special Request Form

*All requests must be received two weeks prior to next semester registration.

Name_____ L#_____

Local Address _____

Phone _____ Email _____

Amount of scholarship(s) per semester _____ GPA _____

Check your request(s):

Scholarship extension beyond 126 hours ☐SU ☐FA ☐SP _____ Year

Load exception (less than 12 hrs. per semester) ☐SU ☐FA ☐SP _____ Year

Provide the following information:

What is your major? _____

When do you plan to graduate? _____

Fully explain your request and reason (example: Why are you requiring more than 126 hours to graduate? Why do you want to take less than 12 hours?)

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Student Signature _____ Date _____

Office Ruling *(For office use only)*

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