Certification of Early Graduation (Summer or Fall)

Use this form to request reconsideration of financial aid for the summer or fall semesters based on your early graduation.

Student Information

_____   _____

Name (First, Middle, Last)   UT EID

Enrollment Information

Expected Graduation Date:

☐ Summer 2018

☐ Fall 2018

Expected Semesters of Enrollment: (Check all that apply)

☐ Summer Session I   ☐ 9 Week Session   ☐ Fall

☐ Summer Session II   ☐ Whole Summer

Expected Hours of Enrollment per Semester: (Report '0' if not attending)

_____ hours   _____ hours   _____ hours

Summer Session I   9 Week Session   Fall

_____ hours   _____ hours

Summer Session II   Whole Summer

Signature

I certify I understand the Office of Financial Aid will update my 2018-2019 financial aid to reflect my reported graduation date. Further, I understand this change may result in proration of my Federal Direct Loans.

_____   _____

Signature   Date