GOUCHER | college

2024-2025 – 5th Year Aid Request

How to submit:

Upload: <u>goucher.edu/faupload</u> Fax: 410-337-6504

Under most circumstances institutional aid (including merit scholarships, grants, and endowed funds) is limited to eight semesters. Institutional financial aid for a 9th or 10th semester may be awarded on a <u>limited</u> basis.

Student Last Name	Student	First Name	Goucher ID Number
Eligibility			
• The student must hav	e a complete and verifi	ed 2024-2025 FA	FSA.
• The student must be	registered for Fall 2024.		
• The student must be	making Satisfactory Aca	idemic Progress (SAP).
Anticipated Graduation	Date:		
Anticipated Fall 2024 en	rollment		
Full-time (12+ credits)	Half-time (6-11 c	redits) 🗌 Less	than half-time (<6 credits)
Anticipated Spring 2025	enrollment		
Full-time (12+ credits)	Half-time (6-11 c	redits) 🗌 Less	than half-time (<6 credits)
Anticipated housing arra	ngements		
On campus	Off campus	Livin	g with parent(s)

Please provide a formal appeal and clear explanation of the special circumstance(s) that

created your need to continue beyond 8 semesters. Your explanation should be detailed and at least a paragraph. Include any specific dates or semesters for key events as needed. (Incomplete coursework or non-passing grades alone may not be enough to be eligible for more than 8 semesters of aid without a special or outside circumstance. Please provide third party documentation as needed.)

Next Steps

Student Financial Services will review your request and email you the outcome. Please be sure to check your Goucher email.

STATEMENT OF UNDERSTANDING

- I understand that additional documentation may be needed to process this request, and that documentation will be provided in a prompt manner.
- I understand that alternative out-of-pocket payment arrangements may be needed depending on enrollment or satisfactory academic progress issues.
- I understand that I must notify Student Financial Services immediately of any changes in enrollment status and those enrollment changes may result in a financial aid eligibility change.

By signing this form, I certify all information reported on this form & within the enclosed documentation is complete & correct.

Student Signature

Date

(ELECTRONIC SIGNATURES NOT ACCEPTED. Please print & sign in ink, scan as a PDF, and then upload or fax.)