



## MERIT SCHOLARSHIP EXTENSION FORM

**MAXIMUM ALLOWABLE EXTENSION IS FOR UP TO 2 SEMESTERS, NOT INCLUDING SUMMER SEMESTER**

**The following items are required:**

- A dated and signed statement from your adviser that states you will graduate upon completion of the courses listed on page two (Academic Plan of Study)
- A detailed statement to explaining the reason you are seeking an extension
- Supporting documentation that verifies your written statement

<b>Name (Print):</b>		<b>Student ID (H#):</b>	
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Telephone:</b>		<b>Email:</b>	
Academic Year: Which semester will you be attending next? (check one)			
Summer                      Fall                      Spring			
The information provided on this form, in my written statement and all accompanying documentation is accurate and complete to the best of my knowledge. I also agree to provide additional documentation if requested by the Financial Aid Office.			
<b>Student Signature :</b>		<b>Date:</b>	

**Once form is completed submit to [FinancialAid@HC.edu](mailto:FinancialAid@HC.edu)**

**[FinancialAid@hc.edu](mailto:FinancialAid@hc.edu)**

7502 Fondren Road | Houston, Texas 77074-3298 [FinancialAid@HC.edu](mailto:FinancialAid@HC.edu)  
Tel 281-649-3749 | Fax 281-649-3298



## ACADEMIC PLAN OF STUDY

The plan must list at a minimum the courses that you will take in each remaining term(s) of the year you return to school. Asterisk any repeat courses.

\*THE PLAN OF STUDY MUST BE SIGNED BY THE ACADEMIC ADVISOR\*

Fall 20__		
Course #	Description	Credits Anticipated/Grade to be Earned

Spring 20__		
Course #	Description	Credits Anticipated/Grade to be Earned

Summer 20__		
Course #	Description	Credits Anticipated/Grade to be Earned

This student will graduate upon completion of this Academic Plan. Graduation Date:\_\_\_\_\_

<b>Academic Advisor's Printed Name:</b>	<b>Email:</b>
<b>Academic Advisor's Signature:</b>	<b>Date:</b>