



MERIT SCHOLARSHIP HOLD FORM

MAXIMUM ALLOWABLE HOLD IS FOR UP TO (1) SEMESTER, NOT INCLUDING SUMMER SEMESTER. THE HOLD WILL BE VOID IF YOU ATTEND ANOTHER SCHOOL.

- A detailed statement explaining the reason you are seeking a hold on your financial aid
- Include supporting documentation

Name (Print):		Student ID (H#):	
Address:			
City:	State:	Zip:	
Telephone:		Email:	
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.			
Student Signature :		Date:	

Once form is completed submit to FinancialAid@hc.edu



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:_____

Academic Advisor's Printed Name:	Email:
Academic Advisor's Signature:	Date: