### Financial Aid Maximum Credit Appeal - Advisor Supplement

Only academic advisors are authorized to complete this form

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Student Number</th>
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<th>Current Major on SGASTDN</th>
<th>Current Department on SGASTDN</th>
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<th>Intended Major</th>
<th>Intended Department</th>
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Expected graduation semester and year:  
- Fall  
- Spring  
- Summer  
- Year:    

Approximate number of credits remaining until graduation:  

Is this student in good academic standing to graduate with a degree in their intended program?  
- YES  
- NO  

If not in good standing, please outline what the student must do to graduate below.

If student is still in a pre-program or exploratory status, what semester should they be admitted into their degree program? Please outline what the student must do to get admitted below.

Advisor comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I hereby certify that the above information for the student is true and accurate.

Advisor's Signature: ____________________________  Date: ____________________________

Printed Name: ____________________________  Phone Number: ____________________________

Advisor Department: ____________________________  Advisor Campus/Site: ____________________________

Advisor Email: ____________________________

Advisor questions about this form? Please call 435.797.0173 and ask for the assigned financial aid counselor.