

**University of Southern California Department of Intercollegiate Athletics
Summer Session Financial Aid Request Form**

TO BE COMPLETED BY STUDENT ATHLETE (Please Print)

Name: _____ USC ID#: _____
 Sport: _____ Academic Class: FR SO JR SR SR-5 Major: _____
 Local Phone #: _____ Cellular Phone #: _____ Email: _____

Projected Summer Session Schedule		Total Units
Class _____	Units _____	Session _____
Class _____	Units _____	Session _____
Class _____	Units _____	Session _____

TO BE COMPLETED BY SAAS ACADEMIC ADVISOR

% Scholarship for Current Academic Year: _____
 Total Credits Earned: _____ Spring Credits Attempted _____ CUM G.P.A. _____
 Has student ever attended summer session at USC in the past? YES NO
 What year(s)?: _____
 If yes, did the student ever receive a W, F, D in a summer course or courses? YES NO
 What year(s)?: _____
 Does student need to attend summer school for eligibility or graduation purposes?: YES NO

TO BE COMPLETED BY HEAD COACH

Please read carefully and remember that summer session aid must be in proportion to the amount of athletically related financial aid awarded during the academic year (NCAA Bylaw 15.2.7). Please give your recommendation by initialing the option that applies.

- _____ I recommend that the student-athlete be approved to receive the full amount of aid available under the department's summer school policy.
- _____ I recommend that the student-athlete be awarded reduced financial aid to cover only the following:
 Tuition and Fees Room and Board Books OR Dollar Limit \$ _____
 Please provide reason: _____
- _____ I do **NOT** recommend that this student-athlete be awarded summer session financial aid.
 Please provide reason: _____

Head Coach's Signature: _____ **Date:** _____

SUMMER SESSION FINANCIAL AID COMMITTEE

Recommendation: Approved Denied
 Comments: _____

Chair, Summer Session Financial Aid Committee: _____ Date: _____