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: _________