

2016-2017 COURSE APPROVAL FORM

STUDENT INFORMATION

Please complete this form in its entirety and return to the Office of Financial Aid at Governors State University. **Incomplete paperwork will not be accepted, thereby delaying the processing of your financial aid award.**

| Student Name: Please Print Last | | | GSU ID # First | | | Last 4 Digits SS# | |
|------------------------------------|-----|------------|-------------------|-------------------------|--------------|--|--|
| | | | | Name of Academic Adviso | | or: | |
| | | | , | | | | |
| Program of Study | | | | | | | |
| | | | <u>Semest</u> | <u>ter Requeste</u> | <u>d</u> | | |
| | | | | | | | |
| | Fal | ll 2016 | Spri | ing 2017 | Summer 20 | 017 | |
| Course Code | | Title of C | ourse | (| Credit Hours | Approve (A) or Deny (D) for financial aid | |
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CERTIFICATION STATEMENT

By signing below I am indicating that the above approved courses are part of my program of study. I certify that all information reported on this document is true, complete, and accurate. I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

Student's Signature

Date

Academic Advisor's Signature

Date

CRI CODES for Fall, Spring, Summer: FAC16CAF, FAC16CAS, FAC16CAU