

2017-2018 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: _____ GSU ID # _____ Last 4 Digits SS# _____
Please Print Last First

Email Address: _____@student.govst.edu Name of Academic Advisor: _____

Program of Study _____

Semester Requested

Fall 2017

Spring 2018

Summer 2018

Course Code	Title of Course	Credit Hours	Course <u>Required</u> for Program Completion? (Y/N)

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