# NATIONAL GUARD EXEMPTION

Print Name _____ _____
LAST FIRST

ULID# _____ Term & Year _____

_____ **TOPS Eligible?** ☐ or ☐ (If yes, have student notify Financial Aid Office of NG exemption)
INITIAL *NOTE: Your TOPS must be reduced if you receive NG exemption*

_____ **Athletic Scholarship?** ☐ or ☐
INITIAL *NOTE: Your ATHLETIC SCHOLARSHIP **MAY be reduced** if you receive NG exemption*

_____ I realize **ONLY tuition** at a **maximum of $2,703.48** is covered per semester and
INITIAL *I am financially responsible for any remaining balance.*

_____ _____ _____
Student Signature Phone Number Date

----------**BELOW FOR OFFICE USE ONLY**----------

1. In Book: ☐ or ☐
2. Informed student to contact Mr. Acker for letter: ☐ or ☐
3. has a letter: ☐ or ☐
4. If prior semester grades are finalized, check SGASTDN Academic Tab for Academic Standing: _____ _____
   TERM STANDING

_____
Cashier Initials

Revised 3/2/2020