

NATIONAL GUARD EXEMPTION

Print Name _____

LAST

FIRST

ULID# _____

Term & Year _____

INITIAL **TOPS Eligible? Yes or No** (If yes, have student notify Financial Aid Office of NG exemption)
NOTE: Your TOPS must be reduced if you receive NG exemption

INITIAL **Athletic Scholarship? Yes or No**
*NOTE: Your ATHLETIC SCHOLARSHIP **MAY be reduced** if you receive NG exemption*

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

Student Signature

Phone Number

Date

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

1. In Book: **Yes** or **No**
2. Informed student to contact Mr. Acker for letter: **Yes** or **No**
3. has a letter: **Yes** or **No**
4. If prior semester grades are finalized, check SGASTDN Academic Tab for Academic Standing: _____

Cashier Initials
