

Student Name: ____

Post 4th Year Financial Aid Appeal 2022-23

______ UE ID Number: _____

	last	first	middle			
			Campus E	mail:	@evansville.ed	
e University of E	vansville will consider	requests from student	s who are seeking assistance fo	or semesters beyond th	neir first four years	
			inder the regulations which gove eral grants, state grants, or fede		nerefore, students	
To be cor	nsidered for an exten	sion you must comple	te the following:			
• De	egree audit with the Of	fice of the Registrar.				
	onsult with your acade at those classes belov		the exact courses needed to co	mplete your degree re	quirements.	
	turn the entire comp	leted form to our office				
	Fall 2022		-	Spring 2023		
	Class #	Credit Hours	Class #	Credit Ho	urs	
pected Graduation	on Date (Month/Year)	:/				
ıdent Sianature:			Date:	Date:		
	TO BE C	OMPLETED BY C	DEFICE OF ACADEMIC S	FRVICES:		
onfirm that the s			DFFICE OF ACADEMIC S r undergraduate degree by succe		olan above.	

Return form to:

Office of Student Financial Services
1800 Lincoln Avenue, Evansville, Indiana 47722
812-488-2364 ● 800-424-8634
Fax: 844-433-7153

Email: studentfinancialservices@evansville.edu