

**REQUEST FOR 5<sup>TH</sup>-YEAR ATHLETICS AID: 2021-2022**

**NAME:** \_\_\_\_\_ **T#** \_\_\_\_\_ **SPORT:** \_\_\_\_\_

1. All students on 5<sup>th</sup>-year aid are required to provide service to the Athletics Department in exchange for financial aid. Formula for weekly hours of work: (% of full grant 2019-20 x 20 hrs). Please rank possible work locations (#1, #2, #3).

Sports Information \_\_\_\_\_ Marketing \_\_\_\_\_ Facilities/Motor Pool \_\_\_\_\_ Support to Head Coach \_\_\_\_\_  
Game Management \_\_\_\_\_ Ticket Office \_\_\_\_\_ Tutoring/Study Hall \_\_\_\_\_ Other \_\_\_\_\_

2. Complete TTU Academic Progress Summary on reverse side.

3. I understand that 5<sup>th</sup>-year aid is approved one semester at a time. My academic effort and performance, as well as my commitment to service in the Athletics Department, will determine if a subsequent semester of aid will be granted.

READ



**Student-Athlete's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

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**DEPARTMENTAL ADVISOR'S ENDORSEMENT: Hours to complete degree:** \_\_\_\_\_

**Anticipated Graduation Semester:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **Major:** \_\_\_\_\_

Projected semester schedules (as required to complete degree requirements):

Summer 2022 or 2023	Fall 2022	Spring 2023
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Departmental Advisor's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

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**HEAD COACH'S ENDORSEMENT: (Comment, if desired, on reverse side.)**

I recommend this student-athlete for 5<sup>th</sup>-year aid.  Yes  No

**Head Coach's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**ATHLETIC ACADEMIC ADVISOR'S ENDORSEMENT:**

I recommend this student-athlete for 5<sup>th</sup>-year aid.  Yes  No

**Athletic Advisor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**COMPLIANCE COORDINATOR'S COMMENTS: 2021-22 % of Full Grant** \_\_\_\_\_ %

Authorized components (Circle): Tuition Fees Books Room Meal Plan Type: \_\_\_\_\_

Cost Estimate: **Summer 2022** \$ \_\_\_\_\_ **Fall 2022** \$ \_\_\_\_\_ **Spring 2023** \$ \_\_\_\_\_ **Summer 2023** \$ \_\_\_\_\_

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**Approved:**  Yes  No **Amount (if different than cost estimate):** \$ \_\_\_\_\_

**AD or Designee's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_