

REQUEST FOR 5TH-YEAR ATHLETICS AID: 2022-2023

NAME: _____ T# _____ SPORT: _____

1. All students on 5th-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 2022-23 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 5th-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.

Student-Athlete's Signature: _____ Date _____

DEPARTMENTAL ADVISOR'S ENDORSEMENT: Hours to complete degree: _____

Anticipated Graduation Semester: _____ Year: _____ Major: _____

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

Summer 2023 or 2024

Fall 2023

Spring 2024

Departmental Advisor's Signature: _____ Date _____

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

I recommend this student-athlete for 5th-year aid.

☐ Yes ☐ No

Head Coach's Signature _____ Date _____

ATHLETIC ACADEMIC ADVISOR'S ENDORSEMENT:

I recommend this student-athlete for 5th-year aid.

☐ Yes ☐ No

Athletic Advisor's Signature _____ Date _____

COMPLIANCE COORDINATOR'S COMMENTS: 2022-23 % of Full Grant _____%

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

Summer 2023

Fall 2023

Spring 2024

Summer 2024

Cost Estimate: \$ _____ \$ _____ \$ _____ \$ _____

Approved: ☐ Yes ☐ No Amount (if different than cost estimate): \$ _____

AD or Designee's Signature _____ Date _____