**REQUEST FOR 5TH-YEAR ATHLETICS AID: 2023-2024**

**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 2023-24 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### READ

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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 \_\_\_\_\_\_\_\_\_\_\_\_**

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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 2024 or 2025 Fall 2024 Spring 2025**

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**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 5th-year aid.  Yes  No

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

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