

MTSU Scholarship Request for Service Waiver

To submit the completed form: **In person:** MT One Stop Student Services and Admissions Center (SSAC) – Room 210;
Mail: MTSU, MT One Stop, SSAC Room 260, 1301 East Main Street, Murfreesboro, TN 37132; **Fax:** (615) 494-7770.
SCHSRV

To maintain eligibility for **MTSU scholarships**, students must meet the minimum GPA required, must complete service hours (if required), and must be enrolled full-time every fall and spring semester. You may request a waiver of the service hours in certain circumstances, as indicated below.

Name: (Please print clearly!) _____ **ID # :** M _____

Email Address: _____ @mtmail.mtsu.edu **Phone:** (____) _____ - _____

Please Note: If we need to contact you about your scholarship request or other matters, we will generally do so via your MTSU email address. Please be sure to check your MTSU email account on a regular basis throughout the year!

Please indicate the type of scholarship you have been awarded:

National Merit/Achievement
 Chancellor
 Presidential
 Freshman Academic Service
 Phi Theta Kappa
 Transfer Academic Service

I am requesting a waiver of the scholarship service requirement for the _____ semester due to the following reason: (select one)

- Enrollment in honors thesis course UH 4950, nursing or athletic training clinicals, or a social work practicum.
 - Attach a copy of your schedule with the applicable course name, number, and credit hours highlighted or otherwise indicated.
- Enrollment in student teaching (Residency 1 or Residency 2).
 - If you have already registered for student teaching: Attach a copy of your schedule.
 - If you have *not* already registered for student teaching: Turn in this completed form, then contact us at Tammy.Noragon@mtsu.edu after you register for student teaching.
- Enrollment in a study abroad program.
 - If you have already registered for study abroad courses: Attach a copy of your schedule.
 - If you have *not* already registered for study abroad courses: Turn in this completed form, then contact us at Tammy.Noragon@mtsu.edu after you register for your study abroad courses.
 - If you will not register at MTSU, please contact us at Tammy.Noragon@mtsu.edu so that we can confirm your study abroad participation through an alternate method.

Please Note: If you will not be able to complete some or all of the service hours due to extenuating medical or personal circumstances, you will need to file an Institutional Scholarship Appeal instead of this form. Please visit www.mtsu.edu/financial-aid/appeals.php to learn about that process.

Please initial to indicate your agreement:

- ____ I understand that I **must request a new waiver for each semester** as applicable, unless I am notified otherwise.
- ____ I understand that I must notify my supervisor of my requested waiver, to allow the supervisor to make any necessary arrangements. I will contact my supervisor *immediately*, rather than waiting for my waiver request to be processed.
- ____ I understand that I will be reassigned to my current department after the waiver semester unless I or my supervisor requests a transfer, or unless I am notified that my waiver will automatically renew.
- ____ I understand that I can check the status of my waiver request in RaiderNet (*go to the Financial Aid tab, then click on Eligibility*).

Student Signature: _____ Date: _____

For Office Use	<input type="checkbox"/> Approved <input type="checkbox"/> Hold:RHACOMM <input type="checkbox"/> Denied _____	<input type="checkbox"/> RJASEAR <input type="checkbox"/> Email
	Dept/Supervisor: _____ Processed by: _____	<input type="checkbox"/> ROAMESG <input type="checkbox"/> RRAAREQ