

MTSU Financial Aid Request for Service Waiver

Please Note:
You should receive a response via
your **campus email address**
in two to three weeks.

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.

Complete the following information and return to
Scholarship Dept., 218 Cope Admin Bldg, 1301 E. Main St., Murfreesboro, TN 37132, Fax: 615-898-5167

Name: (Please print clearly!) _____	Student ID: M _____
Email Address: _____@mtsu.edu	Phone: (____) _____

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

- Enrollment in an internship of at least 6 credit hours, nursing clinicals, student teaching, or a study abroad program.
 - Attach a copy of your schedule with the applicable course name, number, and credit hours highlighted or otherwise indicated.
- Enrollment in an unpaid internship of less than 6 hours which requires 150 or more hours of work per semester.
 - Attach a copy of your schedule with the applicable course name, number, and credit hours highlighted or otherwise indicated.
 - Attach a statement from your academic advisor or internship advisor, verifying the number of hours you are expected to complete through the internship and confirming that you will not receive any form of compensation.
- Extenuating circumstances:
 - Medical Financial Personal Other _____
 - Attach a typed, or neatly hand written, **detailed** letter regarding your circumstances, as well as supporting documentation.

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. (However, students with nursing clinicals waivers *do not* have to submit a new request each semester, as long as they continue to enroll in the required clinicals courses.)
- ____ I understand that this form must be submitted no later than the **2nd week of the semester**, except under extenuating circumstances. Waivers generally will not be approved after the 2nd week of each semester.
- ____ 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.

Student Signature: _____ Date: _____

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