

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. (Need a waiver for an internship? Use the Request for Service Waiver: Internship form, at www.mtsu.edu/financialaid/forms_finaid.shtml.)

Complete the following information and return to MTSU Financial Aid Office, 218 Cope Admin Bldg, 1301 East Main Street, Murfreesboro, TN 37132, or fax to 615-898-5167

Name: (Please print clearly!) _____	ID # : M _____
Email Address: _____@mtmail.mtsu.edu	Phone: (_____) _____
Please indicate the type of scholarship you have been awarded:	
<input type="checkbox"/> National Merit/Achievement <input type="checkbox"/> Chancellor <input type="checkbox"/> Presidential <input type="checkbox"/> Academic Service	
<input type="checkbox"/> Phi Theta Kappa <input type="checkbox"/> Transfer Academic Service <input type="checkbox"/> Valedictorian-Salutatorian 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.
 - Turn in this completed form, then contact us at jmhughes@mtsu.edu after you register for student teaching.
- Enrollment in a study abroad program.
 - Turn in this completed form, then contact us at jmhughes@mtsu.edu after you register for your study abroad courses.
 - If you will not register at MTSU, please contact us at jmhughes@mtsu.edu so that we can confirm your study abroad participation through an alternate method.
- Extenuating circumstances:
 - Medical Financial Personal Other _____
 - Attach a typed, or neatly hand written, **detailed** letter regarding your circumstances, as well as supporting documentation.

(Need a waiver for an internship? Use the Request for Service Waiver: Internship form, at www.mtsu.edu/financialaid/forms_finaid.shtml.)

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.

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"/> ROAMESG <input type="checkbox"/> Email
	Dept/Supervisor: _____	Processed by: _____