

TEXAS A&M UNIVERSITY - CORPUS CHRISTI
Scholarship Enrollment Exception Form
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Exception Forms must be completed each semester/ academic year for which you do not meet the credit hour requirement. Forms will be reviewed in the order in which they are received.

Name: _____	A#: _____
Current Address: _____	
Current City: _____	State: _____ Zip code: _____
Current Telephone Number: _____ Islander Email Address: _____	
Semester(s): _____	Semester(s) credit hours: _____

Select (X) the scholarship you are appealing for:

Scholarship Name:	Incoming Freshmen Scholarship: () Presidential () Achieve () Islander () Impact	Incoming Transfer Scholarship: () STEP A () STEP B	International Undergraduate Scholarship: () Presidents Excellence () Achieve () Islander () Impact	International Graduate Scholarship: () Presidents Excellence () Achieve () Islander () Impact
Number of hours required*:	30 credit hours per academic year (taken at TAMU- CC) and at least 12 credit hours per regular semester.	30 credit hours per academic year (taken at TAMU- CC) and at least 12 credit hours per regular semester.	30 credit hours per academic year (taken at TAMU- CC) and at least 12 credit hours per regular semester.	18 credit hours per academic year (taken at TAMU-CC) and 21 (only for College of Science and Engineering graduate students).

It is the student's responsibility to have this section completed by your Academic Advisor:

After reviewing the education plan for this student and class schedule for the semester(s) indicated above, I find that this student is not able to register for the minimum number of hours that the awarded scholarship requires for the following reasons (s):

- () Student is pursuing the academic program _____ which limits enrollment to no more than _____ credit hours in a semester.
- () Student is graduating in the semester indicated above and has only _____ credit hours remaining to complete.
- () Student is registered with Disability Services and is limited to _____ hours per semester as a condition of the disability (Disability Services will need to sign below, as well as the Academic Advisor).
- () Student is not able to register in the required number of credit hours, as the courses which are part of the degree plan are not being offered in the semester above.
- () Other: _____

 Academic Advisor Name (Please print)

 College

 Academic Advisor Telephone

 Academic Advisor Email Address

 Academic Advisor Signature

 Date

 ** (If required) Signature of Director of Disability Services:

 Student Signature

 Date