



BELMONT
COLLEGE

Trustees Scholarship Waiver

This waiver is used when a Trustees Student is requesting to enroll less than Full-Time OR to take off a Semester. Your Free Application for Federal Student Aid (FAFSA) must be completed before this request will be reviewed.

To Be Completed by the Student:

Student Name: _____ Student ID#: _____

Email Address: _____@belmontcollege.edu

Telephone: _____ Date: _____

Is this your first appeal request? YES NO

I am requesting to enroll less than Full-Time for the following semester: Summer Fall Spring

OR

I am requesting to not enroll in the following semester: Summer Fall Spring

Reason: (Please explain why you are enrolling less than Full-Time OR why you are not enrolling for a semester.)

Academic Advisor Notes:

Student Signature

Advisor Signature

FINANCIAL AID OFFICE USE ONLY

Approved Disapproved Is this the first appeal? Yes No

Date Decision Letter mailed to Student: _____

Comments:

Completed By: _____ Signature: _____