

Student-Athlete Request for:

Term _____

___ Post Eligibility ___ Summer School ___ Continuing Education

STUDENT-ATHLETE TO COMPLETE THIS SECTION

Name: _____ Date of Request: _____ Cumulative GPA: _____
 Sport: _____ Student ID #: _____ ___ Full Scholarship ___ Partial Scholarship ___% ___ No Scholarship
 Cell Phone: _____ In-State: _____ Out-of-State: _____
 College: _____ CU E-Mail Address: _____@colorado.edu
 Expected term of graduation: _____ Major 1: _____ Major 2: _____

For Summer Only: Please indicate your desired terms and total credits:

Maymester: _____ A Session: _____ B Session: _____ Other: _____

CAMPUS ACADEMIC ADVISOR TO COMPLETE THIS SECTION

Course #	Course Title	Term/Session	Credits	Continuing Education	Online Class	Degree Applicable	Minimum Grade
_____	_____	_____	_____	Y N	Y N	Y N	_____
_____	_____	_____	_____	Y N	Y N	Y N	_____
_____	_____	_____	_____	Y N	Y N	Y N	_____
_____	_____	_____	_____	Y N	Y N	Y N	_____

Comments: _____

 Academic Advisor

 Date

HERBST ACADEMIC COORDINATOR TO COMPLETE THIS SECTION

Justification for courses in term requested (Be specific):

Circle One: Essential or Non-Essential

 Herbst Academic Coordinator

 Date

 Additional Cost to Athletics

Director of Academics: _____

Approved _____ Denied _____ Date: _____

Sport Supervisor: _____

Approved _____ Denied _____ Date: _____

Office use only

KL2/6/15

IF PE: Athletic Director: _____

Approved _____ Denied _____ Date: _____

_____ Request Approved Circle One: SAF or Budget or Excellence Fund

_____ Request Denied