



**Office of Financial Aid Services**  
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 Bozeman, MT 59717-4160  
 www.montana.edu/wwwfa  
 Tel (406) 994-2845  
 Fax (406) 994-6962

Aid year \_\_\_\_\_

**Graduating One -Term Attendance Request**

Undergraduates, Post Baccalaureates, Non-Teacher Certifications and  
 Gallatin College Students

Name: \_\_\_\_\_ MSU ID: \_\_\_\_\_  
Please print

Current Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

I have applied for graduation and, therefore, have only one term remaining for my degree completion.  
 Please adjust my aid for one-term only attendance as follows:

**One Term Only:**    Fall     Spring

**Graduation Date:** \_\_\_\_\_ 20\_\_\_\_\_

**Number of credits your final term:** \_\_\_\_\_

**\*\*\*Notify our office in writing immediately if your credit level changes.\*\*\***

**Note:** Your loan amount(s) will be determined by the number of credits for which you are enrolled during your final semester. If you add or drop credits, your loan amounts will be adjusted. If you are eligible for additional loan funds, we will contact you to submit a request for those funds in writing. **A decrease in credit hours may result in a balance due with the University should we have to return funds to your lender.**

***My signature below indicates that I fully understand what I am requesting and that I realize an adjustment will be made to my financial aid if I change my credit hours from the amount indicated above.***

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*

■ ■ For Financial Aid Use Only ■ ■

Credits: \_\_\_\_\_ SHADEGR: \_\_\_\_\_ Proration: \_\_\_\_\_ Received By: \_\_\_\_\_

Comments: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_