

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.

Complete the following information and return to
Scholarship Dept., 218 Cope Admin Bldg, 1301 E. Main St., Murfreesboro, TN 37132, Fax: 615-898-5167

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|--|----------------------------|
| Name: (Please print clearly!) _____ | Student ID: M _____ |
| Email Address: _____@mtsu.edu | Phone: (____) _____ |

I am requesting a waiver of the scholarship service requirement for the _____ semester due to the following reason: (select one)

- Enrollment in an internship (must count for 6 or more credit hours at MTSU), nursing clinicals, student teaching, or study abroad program.
 - Attach a copy of your schedule with the course name, number, and credit hours highlighted or otherwise indicated.
- Serving as an officer in an MTSU club or organization, and spending an average of 10 hours per week completing organization tasks. Provide a list of the duties you will perform, and the time commitment expected for each. Have the organization's faculty or staff advisor complete the following information:
Name of organization: _____
In what position is the above student serving? _____
How many hours per week will be spent completing organization tasks as required for the position, *other than chapter or organization meetings*? Appx _____
Advisor Name: _____ Signature: _____

- Extenuating circumstances:
 - Medical Financial Personal Other _____
 - Attach a typed, or neatly hand written, **detailed** letter regarding your circumstances, as well as supporting documentation.

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 this form must be submitted no later than the **2nd week of the semester**, except under extenuating circumstances. Waivers generally will not be approved after the 2nd week of each semester.
- ____ I understand that I should notify my supervisor of my plan not to complete the service requirement, out of courtesy.
- ____ I understand that I will be reassigned to my current department after the waiver semester unless I or my supervisor requests a transfer.

Student Signature: _____ Date: _____

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| For Office Use | <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ | <input type="checkbox"/> RJASEAR <input type="checkbox"/> ROAMESG <input type="checkbox"/> Email |
| | Dept: _____ Supervisor: _____ | |