

SUMMER ATHLETIC AID ACCEPTANCE FORM

Summer School Aid Information:

Name: _____ Sport: _____

Approved for _____ credit hours (check all that apply)

- Percentage Amount Approved _____ %
- Tuition and Fees Only _____
- Books _____
- Room _____ Board _____
4 week 6 week I 6 week II 8 week 12 week

Denied Reason: _____

Student Section:

By signing this form, you have been informed about the status of your athletic aid application request. Per the Summer School Aid Policy, if you fail or withdraw from a course already in progress you may be billed the cost of tuition for that course. Refer to tuition and fees table for more details

<https://registrar.uiowa.edu/tuition-fees>

If you change your schedule or living arrangements after signing this form without receiving approval, you may be held financially responsible. If your aid is not approved and you are enrolled in summer courses, you will be held financially responsible for such charges.

As of today's date _____, I have been informed by my Academic Coordinator of my summer athletic aid award status. By signing below, I agree to the terms and conditions stated above.

Student Signature _____ Date: _____

Academic Coordinator Signature _____ Date: _____