UNIVERSITY OF WISCONSIN-SUPERIOR
2014 SUMMER COLLEGE FINANCIAL AID APPLICATION

NAME (Print)_____ **STUDENT ID#**_____

This is (check one): ☐ my original summer aid application ☐ a revised summer aid application

Check all that are applicable:

- ☐ I want work-study if I am eligible.
- ☐ I was an undergraduate during the academic year, but will be starting graduate school in the summer.
- ☐ I have or will be submitting a study abroad revision form for the summer.
- ☐ I have or will be submitting a consortium agreement request for the summer.

INSTRUCTIONS: List below the **regular summer courses** and the **arranged summer courses** you are/will register for summer of 2014. In the arranged area, have your instructor be sure to list the **inclusive dates** the arranged course work will take place**. The instructor for each arranged course must sign in the appropriate space provided next to the arranged course information.**

(REGULAR SUMMER COURSES)

Class Number	Department & Catalog Number	Course Title	Begin Date	End Date	Number of Credits

(ARRANGED SUMMER COURSES)

Class Number	Department & Catalog Number	Course Title	Begin Date	End Date	Number of Credits	Instructor's Signature

☐ International Students, check here if applying for NTW **only**. NTW recipients must be pre-registered for Fall 2014 unless they are graduating in Summer 2014.

IMPORTANT INFORMATION

For us to determine your 2014 Summer College financial aid eligibility, you must be a degree-seeking, at least half-time student (undergraduate at least 6 credits for aid types other than the Pell grant or 4.5 graduate credits). You must also have a **completed 2013-14 FAFSA** on file with the Financial Aid Office by May 16, 2014.

Add/drops or deletion of the courses listed above resulting in an overall credit change should be reported immediately to the Financial Aid Office and may affect your summer financial aid or make you ineligible for summer aid already received.

DEADLINE: May 16, 2014. Applications received after this date will NOT be processed.

I have read and understand the above information.

Student's Signature _____ **Date** _____

Return Completed Application to: Financial Aid Office, Old Main 110, UW-Superior, P.O. Box 2000, Superior, WI 54880
Any questions or concerns please contact us at 715-394-8200 or visit our website at http://www.uwsuper.edu/finaid.