

THE ARTHUR O. EVE HEOP SCHOLARS PROGRAM AT BARNARD COLLEGE

Request to Stay an Extra Semester or Year

Please note that if you are approved, it may be for either part-time or full-time status.

Please submit copy of transcript (unofficial is fine) and program for current semester to HEOP Scholars Office.

Name \_\_\_\_\_ Class \_\_\_\_\_ Major \_\_\_\_\_

Extension \_\_\_\_\_ Box # \_\_\_\_\_ Email \_\_\_\_\_

I am requesting to stay

one extra semester

two extra semesters

Today's date \_\_\_\_\_

Reason(s) for your request (Explain and list your course plan on the back of this sheet):

I have \_\_\_\_\_ courses left to complete the major because...

I have to complete pre-med courses along with my major.

I have decided to take the minimum points per semester.

I am behind in points.

I have changed my major and need more time.

Other \_\_\_\_\_

Major Courses Completed

Table with 2 columns: Course No./Title, Points. Includes 5 rows for listing completed courses.

Table with 2 columns: Course No./Title, Points. Includes 5 rows for listing completed courses.

Major Courses To Take In First Extra Semester

Table with 2 columns: Course No./Title, Points. Includes 3 rows for listing courses to take.

Major Courses To Take In Second Extra Semester

Table with 2 columns: Course No./Title, Points. Includes 3 rows for listing courses to take.

Major Adviser: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please have this part filled out by the Financial Aid Office and return to the HEOP Scholars Office.

Specific academic terms of funding \_\_\_\_\_

# of semesters of financial aid used (including current semester and other institutions) \_\_\_\_\_

Signature of Financial Aid Officer \_\_\_\_\_ Date \_\_\_\_\_

APPROVAL (Office Use Only)

Senior Class Dean:  Yes  No Signature \_\_\_\_\_ Date \_\_\_\_\_

HEOP Scholars Office:  Yes  No Signature \_\_\_\_\_ Date \_\_\_\_\_

Semester(s) granted and # of credits for each extra semester \_\_\_\_\_