

Taylor Opportunity Program for Students (TOPS)

2012 SUMMER SESSION PAYMENT REQUEST AND ACKNOWLEDGMENT FORM

Submit this form to your University Financial Aid Office.

I hereby request payment of my TOPS Award for the 2012 summer session/term and I hereby certify:

My name is _____ . My Social Security Number is XXX-XX- ____ _ .
(Print Your Full Name) Last 4 numbers

I was enrolled for the 2012 Spring Semester or Term at: _____ in _____
(Name and Location of Louisiana College or University)

I will enroll for the 2012 Summer Session at: _____ in _____
(Name and Location of Louisiana College or University)

I understand that to be eligible for a TOPS payment for a 2012 summer session/term:

1. I must have earned at least 60 college credit hours before the 2012 summer session/term begins.
2. I must enroll full-time in the 2012 summer session/term to be eligible for a TOPS payment.

I understand that if a TOPS payment is made on my behalf for the 2012 summer session/term:

1. My remaining TOPS eligibility will be reduced by one semester/term.
2. I can use any hours I earn during the 2012 summer session to meet the TOPS 24-hour annual requirement.

I understand that my TOPS cumulative grade point average will include all grades I earn during the summer session.

(Sign Your Full Name)

Date