

# NATIONAL GUARD EXEMPTION

Print Name \_\_\_\_\_

LAST

FIRST

ULID# \_\_\_\_\_

Term & Year \_\_\_\_\_

\_\_\_\_\_  
INITIAL **TOPS Eligible? Yes or No** (If yes, have student notify Financial Aid Office of NG exemption)  
*NOTE: Your TOPS must be reduced if you receive NG exemption*

\_\_\_\_\_  
INITIAL **Athletic Scholarship? Yes or No**  
*NOTE: Your ATHLETIC SCHOLARSHIP **MAY be reduced** if you receive NG exemption*

\_\_\_\_\_  
INITIAL I realize **ONLY tuition** at a **maximum of \$2,703.48** is covered per semester and  
*I am financially responsible for any remaining balance.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

-----**BELOW FOR OFFICE USE ONLY**-----

1. In Book: **Yes** or **No**
2. Informed student to contact Mr. Acker for letter: **Yes** or **No**
3. has a letter: **Yes** or **No**
4. If prior semester grades are finalized, check SGASTDN Academic Tab for Academic Standing: \_\_\_\_\_

\_\_\_\_\_  
Cashier Initials

\_\_\_\_\_

\_\_\_\_\_