Request for MIT
Scholarship aid beyond the standard number of terms
Academic year 2020–2021

Please complete this form if you will be enrolled beyond the standard number of terms (eight terms if you entered as a first-year student and six if you entered as a transfer student) and are interested in receiving an MIT need-based scholarship. In addition to this form, you must complete all the forms required to apply for, or renew, your financial aid. All application materials are due April 15, 2020, in order to be considered for the 2020–2021 academic year. Please note: Once you complete all of your undergraduate degree requirements and have been enrolled for the standard number of terms, you no longer qualify for an MIT Scholarship or federal financial aid as an undergraduate.

1 BIOGRAPHICAL INFORMATION (please print)

<table>
<thead>
<tr>
<th>Name</th>
<th>Last name</th>
<th>First name</th>
<th>Middle initial</th>
<th>MIT ID#</th>
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<tbody>
<tr>
<td>Name of advisor</td>
<td></td>
<td></td>
<td></td>
<td>Current phone number</td>
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<tr>
<td>Current major</td>
<td></td>
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<td>First term at MIT</td>
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<td>Do you have a minor?</td>
<td>Yes</td>
<td>No</td>
<td>If yes, what course?</td>
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<td>Do you have a second major?</td>
<td>Yes</td>
<td>No</td>
<td>If yes, what course?</td>
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<td>Did you have any prior major(s)?</td>
<td>Yes</td>
<td>No</td>
<td>If yes, what course(s)?</td>
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Requesting consideration for:  
☐ Fall term 2020–2021  
☐ Spring term 2020–2021  
☐ Fall and spring terms 2020–2021

2 ACADEMIC PLAN

REQUIRED COURSES
Please list only courses required to complete your undergraduate degree, including majors and minors (use additional paper if necessary).

<table>
<thead>
<tr>
<th>Class name</th>
<th># of units</th>
<th>When is this class offered (fall, spring or both)?</th>
<th>When do you plan on taking this class?</th>
<th>What requirement does this class satisfy (major, minor, HASS, GIR)?</th>
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ADDITIONAL COURSES
Please list any additional courses you plan to enroll in.

<table>
<thead>
<tr>
<th>Class name</th>
<th># of units</th>
<th>When is this class offered (fall, spring or both)?</th>
<th>When do you plan on taking this class?</th>
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Is part of your academic plan to finish some outstanding incompletes?  
☐ No  ☐ Yes
If yes, please list incomplete courses and when you plan to complete them.

Are you planning to seek credit for classes taken elsewhere?  
☐ No  ☐ Yes
If yes, please attach a list of classes.

(over)
REQUEST FOR MIT SCHOLARSHIP AID BEYOND THE STANDARD NUMBER OF TERMS

3 STUDENT STATEMENT

Please explain the circumstances that have led to your request. Why should you be considered for more than the standard number of terms of MIT Scholarship aid? What has prevented you from completing your degree in the standard amount of time? Attach an additional sheet if necessary.

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

Signature of student

Date

4 STUDENT’S AFFIRMATION

I understand that I am committed to completing my academic plan as shown on this form, and that if I am not able to complete this plan, MIT is not obligated to give me further consideration for additional grant aid.

Further, if I have additional difficulties with my academic plan, I will contact both my academic advisor and my financial aid counselor to explain the circumstances preventing me from following through with my plan and the details of my revised plan. I am aware that once all of my requirements for graduation are met, I am no longer eligible for federal financial aid. If I am seeking a double major, I understand that if I meet the requirements for graduation for one major, that it will prevent my eligibility for some forms of federal financial aid.

__________ (Student’s initials)

5 ACADEMIC ADVISOR OR DEPARTMENT ADMINISTRATOR STATEMENT

Please comment on the student's academic plan as detailed in section 2. Is the plan accurate and will it allow the student to finish his or her program within the detailed period? Is there anything further that should be taken into consideration when this request is considered?

Please note that your signature supports the student's academic plan as valid and that it meets the degree requirements of the student's major as well as the General Institute Requirements.

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

Signature of academic advisor or department administrator

Date

Name of academic advisor or department administrator

Advisor or administrator phone

Advisor or administrator email

Office use only - SH: