

## SUMMER SESSION PAYMENT FORM

## SUMMER SESSION PAYMENT REQUEST AND ACKNOWLEDGMENT FORM

INSTRUCTIONS: PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND SUBMIT BY EMAIL TO YOUR COLLEGE OR UNIVERSITY FINANCIAL AID OFFICE.

hereby request and certify the following:
Student Name (Print Student's Full Name): LOSFA ID Number:
request payment of my TOPS Award for the following summer session/term:
was enrolled for the Spring Semester or Term immediately preceding the summer term I am requesting payment for at:
(Name and Location of Louisiana College or University)
am requesting payment for the summer session above for my attendance at:
(Name and Location of Louisiana College or University)
understand that to be eligible for a TOPS payment for the summer session/term noted above:  1. I must have earned at least 60 college credit hours before the summer session/term begins.  2. I must enroll full-time in the summer session/term to be eligible for a TOPS payment.
<ol> <li>Tops payment is made on my behalf for the summer session/term, I understand:</li> <li>That the hours which will count towards the 60 college credit hours include credits earned prior to enrollment in college as a first time, full time student, including dual enrollment, CLEP, and AP credits.</li> <li>That dual enrollment, CLEP, and AP credits do NOT count when determining whether I have earned 24 hours during the academic year.</li> <li>That I can use any hours I earn during the summer session to meet the TOPS 24-hour annual requirement.</li> <li>That my remaining TOPS eligibility will be reduced by one semester/term.</li> <li>That my TOPS cumulative grade point average will include all grades I earn during the summer session, including failing grades.</li> </ol>
Student's Signature: Date:











