



Southern Illinois University Carbondale  
 1263 Lincoln Drive- Mail Code 4702  
 Financial Aid Office, Student Services Building  
 Carbondale, IL 62901-4702  
 618/453-4334  
 fao.siu.edu

**UNDERGRADUATE  
 SPECIAL GRADUATION  
 CONTRACT FORM**

**Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Current Phone #:** \_\_\_\_\_

To be eligible for Federal Student Aid funds students must make satisfactory academic progress. An undergraduate student enrolled in a program leading to an Associate's Degree is expected to complete their degree before accumulating ninety (90) credit hours attempted including both SIUC and accepted transfer credit hours. An undergraduate student enrolled in a program leading to a Bachelor's Degree is expected to complete their degree before accumulating one hundred eighty (180) credit hours attempted including both SIUC and accepted transfer credit hours. University records indicate that you have exceeded these limits. To support your appeal of the maximum credit hours based on your unusual circumstances; this form must accompany your appeal.

*Please Print:*

**Major:** \_\_\_\_\_ **Anticipated Graduation Date:** \_\_\_\_\_

**Advisor:** \_\_\_\_\_ **Program of Study:** \_\_\_\_\_

**Enrollment Plans:** To support your appeal, this form must be approved and signed by an academic advisor in your major course of study. Please have the academic advisor provide the following information and keep a copy of this graduation contract for your records.

The following hours are required for this student to complete the requirements for their undergraduate degree.

<u>Term Information</u>	<u>NUMBER OF HOURS</u>
Hours currently enrolled for _____ term	_____
Hours remaining to complete degree	_____
<b>Total number of hours needed to graduate</b>	_____
<b>Total number of semesters to graduate</b>	_____

Note: Any changes to the hours listed above must be initialed by the Advisor.

As an advisor of this student, the hours reflected above meet with my approval and include all hours needed for completion of this student's current degree objective.

\_\_\_\_\_  
**Academic Advisor's Signature**

\_\_\_\_\_  
**Date**

As the student, I have met with my academic advisor concerning the above information and certify that I understand the requirements listed above.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**