



NMSU DACC
MSC 3DA
P.O. Box 30001
2800 Sonoma Ranch Blvd, DASR 109
Las Cruces, NM 88011
Phone: 575-528-7000 Fax: 575-528-7474

Scholarship Credit Hour Adjustment Referral Form

Deadline: _____

Date Submitted: _____

Insert Census Date

To be reviewed and completed by Student: The Legislative Lottery Scholarship, NMOS Scholarship and NMSU's Institutional Scholarships have been expanded to assist students with disabilities who require special accommodations and are only able to enroll part-time due to their disability. For purposes of these scholarships, students with disabilities, who may require special accommodations, the Financial Aid Office, in consultation with the student and the Disability Access Services Office, shall review and adjust the amount of credit hours that are deemed reasonable and appropriate. Please keep in mind, at no time shall the student take less than six hours and be considered full-time. **If you choose to make a change to the courses listed below, notify the office of Financial Aid immediately.**

Student: _____ Aggie ID: _____
LAST FIRST MI

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Student Certification (To be read and signed by student):

Due to my disability, I am unable to attend fifteen or twelve (if attending a community college) credit hours this semester. All other scholarship requirements (continuous enrollment at New Mexico State University or NMSU branch Campus and GPA requirement) remain unchanged and I am responsible for understanding these requirements.

I give the Financial Aid and Scholarship Services Office consent to review my application along with the supporting documentation and to report my enrollment and disability status to the New Mexico Higher Education Department. I understand that I must maintain scholarship eligibility requirements during all terms awarded or my award may be cancelled. I understand that this form must be submitted before the *census date* of each semester in order to be processed. I understand these policies, and I certify that the information I provided here is true and correct to the best of my knowledge.

In consultation with the Disability Office, I agree to enroll for _____ credit hours for the _____ semester.

Student Signature: _____ Date: _____

Institution Certification (To be completed by the NMSU Disability Access Services Office)

I certify that this student has a documented disability that currently inhibits them from enrolling in twelve or more credit hours. I recommend this student to enroll for the following number of credit hours and be eligible for Legislative Lottery and/ NMOS Scholarship or NMSU Institutional Scholarship, provided they meet all other eligibility requirements.

Term:	# of Credit Hours:	Courses
_____	_____	_____
Printed Name: _____		_____
Title: _____		_____
Signature: _____	Date: _____	_____
