



Office of Financial Aid and Scholarships

New Mexico State University
Alamogordo Campus
2400 North Scenic Drive
Alamogordo, NM 88310
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575-439-3855

Scholarship Credit Hour Adjustment Referral Form

Deadline: \_\_\_\_\_
Insert Census Date

Date Submitted: \_\_\_\_\_

To be reviewed and completed by Student:

The NM Legislative Lottery Scholarship, the NM Opportunity Scholarship and NMSU 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 the purposes of these scholarships, the Financial Aid Office will consult with the student and the Disability Access Services Office to review and adjust the number of credit hours deemed reasonable and appropriate for students with disabilities who require special accommodations. Please keep in mind, at no time shall the student take less than six hours and no more than 11 credit hours to be considered full-time.

Student: \_\_\_\_\_ LAST FIRST MI Aggie ID: \_\_\_\_\_

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 Access Services Office, I agree to enroll in \_\_\_\_\_ 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 fifteen or more credit hours. I recommend that this student enroll for the following number of credit hours and still be eligible for NM Legislative Lottery, NM Opportunity and/ or NMSU Institutional Scholarship, provided they meet all other eligibility requirements.

Term: \_\_\_\_\_ # of Credit Hours: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_