# GOUCHER | college

## 2025-2026 – 5<sup>th</sup> Year Aid Request

How to submit:

Upload: <u>goucher.edu/faupload</u> Fax: 410-337-6504

Under most circumstances institutional aid (including merit scholarships, grants, and endowed funds) is limited to eight semesters. Institutional financial aid for a 9<sup>th</sup> or 10<sup>th</sup> semester may be awarded on a <u>limited</u> basis.

Student Last Name	Student	First Name	Goucher ID Number
Eligibility			
• The student must hav	e a complete and verifi	ed 2025-2026 FA	FSA.
• The student must be	egistered for Fall 2025.		
• The student must be	naking Satisfactory Aca	demic Progress (	SAP).
Anticipated Graduation	Date:		
Anticipated Fall 2025 en	rollment		
Full-time (12+ credits)	Half-time (6-11 c	redits) 🗌 Less	than half-time (<6 credits)
Anticipated Spring 2026	enrollment		
Full-time (12+ credits)	Half-time (6-11 c	redits) 🗌 Less	than half-time (<6 credits)
Anticipated housing arra	ngements		
On campus	Off campus	Livin	g with parent(s)

## Please provide a formal appeal and clear explanation of the special circumstance(s) that

**created your need to continue beyond 8 semesters.** Your explanation should be detailed and at least a paragraph. Include any specific dates or semesters for key events as needed. (Incomplete coursework or non-passing grades alone may not be enough to be eligible for more than 8 semesters of aid without a special or outside circumstance. Please provide third party documentation as needed.)

#### Next Steps

Student Financial Services will review your request and email you the outcome. Please be sure to check your Goucher email.

### STATEMENT OF UNDERSTANDING

- I understand that additional documentation may be needed to process this request, and that documentation will be provided in a prompt manner.
- I understand that alternative out-of-pocket payment arrangements may be needed depending on enrollment or satisfactory academic progress issues.
- I understand that I must notify Student Financial Services immediately of any changes in enrollment status and those enrollment changes may result in a financial aid eligibility change.

By signing this form, I certify all information reported on this form & within the enclosed documentation is complete & correct.

Student Signature

Date

(You may type in your name as your electronic signature.)

2 (Office use only.)

PFAIDS: 5th Year-Request for Financial Aid

Etrieve: FA Appeal