LOSFA

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.

I hereby request and certify the following:

Student Name (Print Student's Full Name): _____ LOSFA ID Number: _____

I request payment of my TOPS Award for the following summer session/term: _____

I 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)

I am requesting payment for the summer session above for my attendance at:

_____
 (Name and Location of Louisiana College or University)

I 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.

If a TOPS payment is made on my behalf for the summer session/term, I understand:
1. 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.
2. That dual enrollment, CLEP, and AP credits do NOT count when determining whether I have earned 24 hours during the academic year.
3. That I can use any hours I earn during the summer session to meet the TOPS 24-hour annual requirement.
4. That my remaining TOPS eligibility will be reduced by one semester/term.
5. That my TOPS cumulative grade point average will include all grades I earn during the summer session, including failing grades.

Student's Signature: _____ Date: _____

CONTACT **LOSFA**