



ACADEMIC EXCELLENCE SCHOLARSHIP PROGRAM

GRADUATE USAGE FORM

I would like to use the remaining semester(s) of my scholarship to pursue graduate hours. I understand that approval to use the remaining semester(s) is contingent upon my final undergraduate GPA. I further understand that as a graduate student I must take at least nine **(9) semester credit hours and maintain a 3.0 or 3.25 GPA, if applicable** to remain eligible for scholarship assistance.

 I understand and agree to the conditions of the Graduate Usage of Remaining Scholarship Semesters.

Name: _____ **UTD ID:** _____

Scholarship Level: _____ **Remaining Semesters:** _____

Major: _____ **Cumulative Grade Point Average:** _____

Graduation Date: _____

Date You Will Enter Graduate School: _____ (enrollment must be continuous)

Current Mailing Address: _____

Telephone Number: _____

E-mail Address: _____

Signature: _____ **Date:** _____

AES Approval Signature

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