



ACADEMIC EXCELLENCE SCHOLARSHIP PROGRAM

SUMMER USAGE FORM

I wish to use my scholarship during the **Summer** _____ semester. I understand that I must take at least nine **(9) semester credit hours and earn a 3.0 GPA or a 3.25, if applicable** during the summer session.

I understand that activating my scholarship for use in the summer will count as a full semester of my award.

I also understand that approval to apply my scholarship toward the summer is contingent upon my completing **24 or 30 semester credit hours** during the **current** academic year (Fall and Spring) with at least a **3.0 GPA or 3.25**, if applicable each semester.

 I understand and agree to the conditions of Summer Scholarship Usage:

Name: _____ UTD ID: _____

Scholarship Level: _____ Remaining Semesters: _____

Total Credit Hours Completed: _____ Cumulative GPA: _____

Current Mailing Address: _____

Telephone Number: _____

E-mail Address: _____

Signature: _____ Date: _____

AES Approval Signature

NOTE: Determination will be made based upon the receipt of final spring grades.

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