



Summer Course Completion Contract

Last Name: _____ First Name: _____

Loan Application #: _____ Home Province: _____

Telephone #: (____) _____ Academic Program: _____

TWU Student #: _____ E-mail: _____

Please note that students must average full-time enrollment (minimum of 9 semester hours for undergraduate students and 6 for graduate students) over a minimum of 12 weeks*.

I, _____ agree to complete all course requirements in the following courses.

Course Title	Course #	Sem Hrs	Start Date	End Date	Tuition
1.					
2.					
3.					
4.					
5.					

Between the study period of _____ TO _____
MMM DD YY MMM DD YY

Total number of **Semester** hours: _____ Total number of **Weeks**: _____

In addition, I agree to and understand the following terms and conditions as a student:

1. I agree to immediately notify Financial Aid and Awards office of any changes to my course load including changes to dates and semester hours.
2. I am aware that failure to meet the requirements of this contract will be considered as a withdrawal which could result in: cancellation of a portion of the approved student assistance award, and assessment of overaward which will have to be repaid before further funding; early termination of interest-free status; and/or possible loss of eligibility for further funding if acceptable academic standing is maintained.
3. I am aware that my student assistance will first be directed to my student account to cover any balance owing.

Date

Student Signature

THIS CONTRACT MUST BE RECEIVED BY THE FINANCIAL AID OFFICE BEFORE YOUR PROGRAM INFORMATION CAN BE COMPLETED. SEND TO AWARDS@TWU.CA OR FAX TO 604.513.2159