



Please return to: **Student Financial Services** sfso@houghton.edu
Houghton University | One Willard Avenue | Houghton, NY 14744

Form must be completed and approved at least 3 weeks before the next semester begins

A. STUDENT INFORMATION

Student's Last Name: _____ First Name: _____

Student ID: _____ DOB: _____

Street Address: _____ City: _____ State: _____

ZIP: _____ Cell Phone Number: _____ Email: _____

B. WHICH SEMESTER/YEAR WILL BE ADDITIONAL (BEYOND 8 SEMESTERS)?

FALL _____ SPRING _____ YEAR _____

C. WHY DO YOU PLAN TO TAKE AN ADDITIONAL SEMESTER?

D. WHO IS YOUR ADVISOR: _____

E. PLEASE ATTACH YOUR PLAN FOR GRADUATING SIGNED BY YOUR ADVISOR

F. CERTIFICATION AND SIGNATURES

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

Student's signature _____ Date _____

Registrar's signature _____ Date _____

SFSO Director's signature _____ Date _____