HOUGHTON UNIVERSITY

ADDITIONAL SEMESTER APPEAL FORM 2027-2028

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 _____