

MAXIMUM ALLOWABLE HOLD IS FOR UP TO (1) SEMESTER, NOT INCLUDING SUMMER SEMESTER . THE HOLD WILL BE VOID IF YOU ATTEND ANOTHER SCHOOL.

- a. A detailed statement explaining the reason you are seeking an extension
- b. Include supporting documentation

Name(Print) :		Student ID (H#):	
Address:			
City:	State:	Zip:	
Telephone:		Email:	
Academic Year: Which semester will you be attending next? (check one)			
Summe U		Fall	
		Sprin J	
The information provided on this form, in my written statement and all accompanying documents is accurate and complete to the best of my knowledge.			
I also agree to provide additional documentation if requested by the Financial Aid Office.			
Student Signature :		Date:	

Once form is completed submit to financialaid@hbu.edu

57589A=7'D@5B'C

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