



Office of Academic Affairs
Office of Enrollment Management

Scholarship Hold Form

Step 1: Student Information

Name (Print): _____ Student ID: _____

Scholarship Name: _____ GPA: _____

Semester(s) Not Attending: _____

Step 2: Reason for Scholarship Hold

- Internship or Co-Op
- Deferred Admission
- Other (Specify) _____
- Medical
- Mission Work

Step 3: Explanation of Reason

Student's Signature: _____ Date: _____

Please complete and submit this form to scholarships@lsu.edu.

For Office Use Only	
Semester Code(s):	
TRX Code:	
Original Expiration Date:	
New Expiration Date:	