
Dear NSU Academic Advisor,

One of your advisees, _____, SS# _____, is a TOPS Award recipient. Our office needs to know that the above named student is currently considered program full-time in the Nursing Program. This information is necessary in determining eligibility for the TOPS Award.

Please fill out the information below. Once this is done, the student must return this form to our office.

Thank you for your assistance in this matter.

Sincerely,
Office of Financial Aid

For Academic Advisor Use Only:

The above student is registered for a total of _____ credit hours for the _____ semester and is considered to be enrolled full-time in the Nursing Program. His/her anticipated graduation date is _____.

Advisor's signature _____

Date _____