



Office of Financial Aid

P.O. Box 2005 | Thibodaux, LA 70310 | 985.448.4048 | 985.448.4124 [F]

TOPS Graduating Senior

Student Name: _____

Nicholls ID: _____

The student listed above is a TOPS award recipient. Our office needs to know that the above named student is currently considered a graduation candidate in his/her degree program and enrolled in the correct number of hours needed to earn that degree. This information is necessary to determine the appropriate amount for the student's TOPS award.

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

Please note: if the student is an academic scholarship recipient, this form will also be used to determine the prorated amount for the academic scholarship(s).

Thank you for your assistance.

For Academic Advisor Use Only:

The above named student has a total of _____ credit hours remaining as of the end of the _____ semester to complete the _____ degree program.

His/her anticipated graduation date is _____.

Advisor's signature _____

Date _____

Individuals needing accommodations (ADA) are encouraged to call 985-448-4783 or visit www.nicholls.edu/ada for assistance.