



Office of Financial Aid

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

TOPS Program Full-time – Nursing

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 program full-time (eligible part-time) in the Nursing Program. 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.

Thank you for your assistance.

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).

**For Academic Advisor Use Only:**

The above named 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 \_\_\_\_\_

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