



**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

Medical

Deferred Admission

Mission Work

Other (Specify) \_\_\_\_\_

Step 3: Explanation of Reason

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and submit this form to [scholarships@lsu.edu](mailto:scholarships@lsu.edu).

Semester Code(s):	
TRX Code:	
Original Expiration Date:	
New Expiration Date:	