



2016-2017 Enrollment Change Form

Student Name: _____ Student ID: W _____

During the initial award process, the Office of Student Financial Assistance assumes a student will be enrolled full-time and for the full length of the respective semester when determining aid eligibility and calculating the cost of attendance. Students who will not be enrolling full-time or will be enrolled for a period of time shorter than the full length of the semester should complete and return this form to the Office of Student Financial Assistance. Students graduating at the end of the Fall semester should also complete and return this form so that adjustments can be made to your cost of attendance and aid eligibility in accordance with applicable regulations.

Undergraduate Enrollment Status Chart		
Full-Time	3/4 Time	1/2 Time
12 Hours +	9-11 Hours	6-8 Hours

Graduate Enrollment Status Chart		
Full-Time	3/4 Time	1/2 Time
9 Hours +	7-8 Hours	5-6 Hours

Section 1: Please indicate the semester to which the enrollment change form applies:

FALL 2016

- Please indicate your expected enrollment status as of the 12th class day:
Full-Time 3/4-Time 1/2-Time Less than 1/2-Time Not Attending
- Please indicate the period of time you will be enrolling during the Fall 2016:
Note: Select 16 weeks if you will be enrolled in 2 consecutive 8 week terms (Ex: Fall 1 and Fall 2)
16 weeks 8-weeks 3-weeks
- I will be graduating at the end of the Fall 2016 semester: Yes No
(Per federal requirements, Direct Loans are prorated for undergraduate students graduating in December)

Spring 2017

- Please indicate your expected enrollment status as of the 12th class day:
Full-Time 3/4-Time 1/2-Time Less than 1/2-Time Not Attending
- Please indicate the period of time you will be enrolling during the Spring 2017:
Note: Select 16 weeks if you will be enrolled in 2 consecutive 8 week terms (Ex: Spring 1 and Spring 2)
16 weeks 8-weeks 3-weeks

Summer 2017

- Please indicate your expected enrollment status as of the 12th class day:
Full-Time 3/4-Time 1/2-Time Less than 1/2-Time Not Attending
- Please indicate the period of time you will be enrolling during the Summer 2017:
Note: Select 10 weeks if you will be enrolled in 2 consecutive 5 week terms (Ex: Summer 1 and Summer 2)
10 weeks 8-weeks 5-weeks 3-weeks

Student's Name: _____

University ID: _____

Section 2: Student Certification Statement

Your signature on this document confirms your acknowledgement of the following:

- This form is for financial aid purposes only and not used to drop/add courses or to withdraw from the institution.
- We will re-evaluate your enrollment status on the census date to ensure there were no additional enrollment changes and that the cost of attendance is calculated correctly.
- This form is primarily used for evaluating a student's cost of attendance and not aid eligibility. However, adjustments to existing awards may be necessary based on changes to the cost of attendance.
- Submission of this form may delay disbursements until a Financial Aid Advisor is able to make necessary adjustments. Processing times may vary depending on the time of year, but should not exceed 5 business days.
- A notification will be sent to the MyCT email address once the form has been processed. The notification will state whether adjustments were made to existing aid awards.

Student's Signature (Required)

Date