2017-2018 FINANCIAL AID ENROLLMENT CHANGE FORM

- This form is only used to declare intended or current enrollment for the 2017-2018 Aid Year.
- Please meet with a Financial Aid counselor to discuss any questions prior to submitting this form.
- Loans, Grants, and/or Scholarships may change if you have less than full-time enrollment.
- If you wish to reduce or cancel a loan due to changes in enrollment, please also fill out and submit the 2017-2018 Financial Aid Award Change form.

NAME ________________________________

Last    First    MI

DATE OF BIRTH _______ /________/__________________

EMAIL ADDRESS ____________________________________________________________

PHONE # (______)_______________________________

☐ UNDERGRADUATE  ☐ GRADUATE  ☐ PROFESSIONAL  ☐ NON DEGREE SEEKING

☐ I will NOT enroll at Virginia Commonwealth University for the 2017-2018 academic year.

SECTION A: Fall Only

☐ Undergraduate  ☐ Graduate  ☐ Professional  ☐ Non-Degree Seeking

☐ I will enroll for the fall only. Credit hours enrolled ________

☐ I am graduating at the end of the fall semester.

*Changes to financial award package require submission of 2017-2018 Financial Aid Award Change Form

☐ My fall 2017 enrollment has changed. Credit hours enrolled ________

*Loan, Grant, or Scholarship cancellation may result in declaring less than full-time enrollment.

☐ I am enrolling in a new program in fall. Program: ________________________________ Credit hours ________

SECTION B: Spring Only

☐ Undergraduate  ☐ Graduate  ☐ Professional  ☐ Non-Degree Seeking

☐ I will enroll for the spring 2018 only. Credit hours enrolled ________

☐ I am graduating at the end of the spring semester.

*Changes to financial award package require submission of 2017-2018 Financial Aid Award Change Form

☐ My spring 2018 enrollment has changed. Credit hours enrolled ________

*Loan, Grant, or Scholarship cancellation may result in declaring less than full-time enrollment.

☐ I am enrolling in a new program in spring. Program: ________________________________ Credit hours ________

Student Signature __________________________________________ Date __________________________

(Required)

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