

Office of Financial Aid

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Student's Name: \_\_\_\_\_

Fall Term \_\_\_\_\_ Winter Term \_\_\_\_\_ Spring Term \_\_\_\_\_ Summer Term \_\_\_\_\_

Please list courses for the term(s) selected above:

Term	Course Letters	Course Number	Credits	On-line Yes/No	Office Use
Example: Spring 2015	ENG	101	3	No	

Will you use the school's health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, you must opt out through Banner Web.

Anticipated graduation date \_\_\_\_\_

Are you repeating a course this term: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which course \_\_\_\_\_

If at any time during the enrollment periods indicated above, I drop a course, withdraw from a course, stop attending class, change my program, or change status in any way, I will notify the Financial Aid Office of the VA official determines a course is inappropriate for the degree program, I understand only those hours determined to be required will be certified. I understand that this form MUST be completed each term after I register. (To ensure as timely of processing as possible, submit right after registration).