

Continuing Studies Supplemental Financial Aid Form 2023-2024



Personal Data

Student Name _____ Student ID _____
Last First M.I.

Address _____
Number and Street City State Zip Code

Phone # _____ Email _____ @ _____

Academic Information

Degree Program: _____

Please indicate the intended number of credits per semester.

Fall: _____ Spring: _____

Please put a zero (0) for any semester you are not planning on attending.

NOTE: A minimum of 6 credits are required to be eligible for federal loans, per semester.

By signing below, I understand the following:

- It is my responsibility to inform the Financial Aid Office of any changes to my attendance.
- Failure to register for the indicated number of credits will change my financial aid eligibility and potentially lead to withdrawal and an owing balance with the University.
- It is my responsibility to notify the Financial Aid Office if I will be graduating prior to May 2023.

Student Signature _____ Date ____/____/____