

# Intersession 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 in Intersession: \_\_\_\_\_

### By signing below, I understand the following:

- If I have been awarded the maximum eligibility for the academic year, I may not be eligible for any Intersession aid.
- 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.
- Students with no financial aid eligibility may consult with the Business Office for other financial arrangements.

Student Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_