

# Seattle Central College

Division of Student Financial Services & Veterans Affairs

## FINANCIAL AID ENROLLMENT CHANGE NOTICE

Seattle Central College initially awards students as full-time (12 or more credits per quarter). It is the student's responsibility to inform the Financial Aid Office they are not attending full-time at least one week prior to the beginning of a quarter. Failure to do so, at a minimum, will result in a delay in funding and may even result in canceled registration.

This form is used to communicate your notice of less than full-time enrollment to the Financial Aid Office. Note that financial aid will be prorated based on your enrollment level; you will receive less aid and may owe a balance.

Name: \_\_\_\_\_ SID: \_\_\_\_\_

Academic Year: \_\_\_\_\_ SSN: \_\_\_\_\_

▪ **Indicate which quarter(s) your enrollment will not be full-time:**

**Fall** (Please check one):

\_\_\_\_\_  $\frac{3}{4}$  Time (9-11 credits)  
\_\_\_\_\_  $\frac{1}{2}$  Time (6-8 credits)  
\_\_\_\_\_ Less than  $\frac{1}{2}$  time (5 or fewer credits)

**Winter** (Please check one):

\_\_\_\_\_  $\frac{3}{4}$  Time (9-11 credits)  
\_\_\_\_\_  $\frac{1}{2}$  Time (6-8 credits)  
\_\_\_\_\_ Less than  $\frac{1}{2}$  time (5 or fewer credits)

**Spring** (Please check one):

\_\_\_\_\_  $\frac{3}{4}$  Time (9-11 credits)  
\_\_\_\_\_  $\frac{1}{2}$  Time (6-8 credits)  
\_\_\_\_\_ Less than  $\frac{1}{2}$  time (5 or fewer credits)

**Summer** (Please check one):

\_\_\_\_\_  $\frac{3}{4}$  Time (9-11 credits)  
\_\_\_\_\_  $\frac{1}{2}$  Time (6-8 credits)  
\_\_\_\_\_ Less than  $\frac{1}{2}$  time (5 or fewer credits)

▪ **Certification**

*I understand that it is my responsibility to inform the Financial Aid Office when I plan to enroll less than full-time at least one week prior to the start of the quarter. If this notice is within one week of the quarter's start I may experience a delay in funding. I understand that my financial aid will be prorated to me enrollment level and that I will receive less aid. I understand that any tuition or fee balance is my personal obligation and I must pay the Cashier; if I do not my registration will be canceled.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Financial Aid Office Use Only:**

Aid Revised: Yes \_\_\_\_\_ No \_\_\_\_\_ Enrollment Level: \_\_\_\_\_ Date: \_\_\_\_\_ Initial: \_\_\_\_\_