

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: _____