



# Financial Aid General Information Update

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

SSN: \_\_\_\_\_ SID: \_\_\_\_\_

## Enrollment Update

I understand that financial aid awards are prorated based on my enrollment level up to the 5<sup>th</sup> day of the quarter (4<sup>th</sup> day for summer quarter). I understand that if I withdraw from classes and/or change my enrollment level after aid has been disbursed I may owe a repayment to the financial aid program and/or Shoreline Community College.

**Check the quarter in which you wish to change your enrollment level and list the number of credits you plan to take:** *Full-time (12 or more credits) 3/4 -time (9-11 credits) 1/2 -time (6-8 credits) Less than 1/2 -time (fewer than 6 credits)*

- |   |   |
|---|---|
| <input type="checkbox"/> Summer 2016 _____ # of credits | <input type="checkbox"/> Winter 2017 _____ # of credits |
| <input type="checkbox"/> Fall 2016 _____ # of credits   | <input type="checkbox"/> Spring 2017 _____ # of credits |

## Other Updates

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CERTIFICATION: I certify that all information on this form is true, complete, and accurate. Upon request, I agree to provide proof of the information reported on this form. False statements or misrepresentation can be cause for denial, reduction, withdrawal, and/or repayment of financial aid. I give permission to the Financial Aid Office to make corrections/adjustments to data on my FAFSA based on forms and/or documents submitted.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Office Use Only:

Enrollment Services/Financial Aid • 16101 Greenwood Avenue North, Shoreline WA 98133 • Email: [finaid@shoreline.edu](mailto:finaid@shoreline.edu) • Fax: (206) 533-6609

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Track Code G0-G9