



# Enrollment & General Information Update

|            |             |              |
|------------|-------------|--------------|
| Last Name: | First Name: | ctc Link # : |
|------------|-------------|--------------|

## ENROLLMENT UPDATE

Financial aid is offered based on full-time enrollment (12+ credits) unless otherwise indicated. You may use this form to request the financial aid office adjust your award based on part-time enrollment. Please indicate the number of credits you plan to take each quarter:

|   |   |
|---|---|
| <input type="checkbox"/> Summer Quarter 2024: _____ Credits | <input type="checkbox"/> Fall Quarter 2024: _____ Credits   |
| <input type="checkbox"/> Winter Quarter 2025: _____ Credits | <input type="checkbox"/> Spring Quarter 2025: _____ Credits |

Are you planning to graduate within the current academic year?

Yes, my expected graduation date is: \_\_\_\_\_  No

I, the student, understand that financial aid awards are prorated based on my enrollment level up to the census date each 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.

## OTHER UPDATE

Cancel ALL aid       Cancel work study offer       Cancel loans       Be offered work study

Personal Written Statement (use back of form if needed):

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By signing this document, I consent to participate in electronic transactions relevant to my attendance at Shoreline Community College. These communications could include, but are not limited to, all financial aid notices, correspondence, and transactions including loans. Also included is all financial information provided or made available to student loan borrowers and for all notices and authorization to FSA recipients required under 34 CFR 668.165 (The Electronics Signature in Global and National Commerce Act of E-Sign Act) The Financial Aid Office will send electronic notification to your preferred email address and account information will be available on the ctcLink student self-service center. Upon request, you may receive a paper copy of your aid offer from the Financial Aid Office by mail or in person.

|  |                             |       |
|--|-----------------------------|-------|
| Student Signature:                       | <i>(Ink Signature ONLY)</i> | Date: |
| Parent Signature: <i>(if applicable)</i> | <i>(Ink Signature ONLY)</i> | Date: |

**Financial Aid Services | 16101 Greenwood Avenue North, Shoreline WA 98133 | Email: [financialaid@shoreline.edu](mailto:financialaid@shoreline.edu) | Fax: (206) 533-6609**

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