

**IMPORTANT:**

**Return to:**

Your Academic Advisor  
 Phone: (603) 513-1392  
 Fax: (603) 513-1386

**You are nearing the end of your degree program. We need to know your enrollment plans to properly award you financial aid.**

Last Name _____	First Name _____	Middle Initial _____
GSC Student ID # _____	Date of Birth _____	Phone Number _____

**Enrollment Plan**

My plan for enrollment for the 2017-2018 GSC academic year will be:  
 Indicate the number of courses and credits you plan to enroll in for each term. **Indicate '0' for the terms you will not attend.**

	# of Courses	# of Credits
Summer 2017		
Fall 2017		
Winter 2018		
Spring 2018		

**Award Requested (Check all that apply)**

- Decline my Federal Direct Loan for the following terms:  
 Subsidized Stafford Loan     Summer     Fall     Winter     Spring  
 Unsubsidized Stafford Loan     Summer     Fall     Winter     Spring
- Cover the cost of the following (based on the number of credits indicated above):  
 Tuition     Fees (Academic and Registration only)     Books
- Increase my loans to allow for additional funding above and beyond tuition, fees and books. Please indicate the additional amount desired and terms:  
 \$ \_\_\_\_\_ for Summer    \$ \_\_\_\_\_ for Fall    \$ \_\_\_\_\_ for Winter    \$ \_\_\_\_\_ for Spring

**OR**

Increase my Federal Direct loan(s) to my maximum eligibility:     Subsidized     Unsubsidized

- Cover the cost of my additional fees (Please indicate which term they will be assessed and the amount):

	Term(s)	Amount
<input type="checkbox"/> Educator Toolkit	_____	\$ _____
<input type="checkbox"/> Mentoring Fees	_____	\$ _____
<input type="checkbox"/> TeachScape Fee	_____	\$ _____
<input type="checkbox"/> Prior Learning Assessment Fee*	_____	\$ _____
<input type="checkbox"/> Intent to Graduate Fee*	_____	\$ _____

\*NOTE: We require your authorization to use federal funds to pay the Intent to Graduate and Prior Learning Assessment fees. You can authorize this through the direct deposit sign up process on WebROCK or by submitting the Federal Title IV Financial Aid Payment Authorization Form. Otherwise the college will not be able to apply the credit balance directly to these fees and instead send a check to the student.

**Comments:** \_\_\_\_\_

**I understand the following:**

- Completion of this form does **not** guarantee the changes I have requested. The FA office will do everything possible to fulfill my revision request within the regulatory limitations. *Know your limits and how much you've borrowed. Visit [www.NSLDS.ed.gov](http://www.NSLDS.ed.gov) to view your total federal loan amounts.*
- My award will be adjusted down to cover my actual enrollment after the add/drop period if my enrollment is different from what is indicated on this form.
- Enrolling in a late-starting/second 6-week course may delay any refund I request.

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

**For Advisor Use Only**

Number of credits remaining to earn for degree completion as of today \_\_\_\_\_

Current program:     Associate     Bachelor's     Post-Baccalaureate     Graduate

I have discussed any changes to the enrollment plan with the student.

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_