

Kodiak Corner/Student Financial Services

Phone: (425) 352-8860 • Fax: (425) 352-8564 • Email: finaid@cascadia.edu

Financial Aid 2025-2026 Enrollment Status Change Form

Financial aid is awarded at a full-time enrollment level (12+ credits). If you plan to enroll for fewer than 12 credits, it is your responsibility to let Student Financial Services know, by submitting this form before the 10th day of the quarter. Your aid may be delayed if you do not submit your form prior to the quarter beginning.

Your financial aid will be adjusted to reflect the enrollment level indicated below. If your financial aid disbursed prior to adjusting your enrollment level, you may be required to repay all or a portion of the funds disbursed.

This is a secure web page. Your personal information will be encrypted to protect it during transmission.

Name _____ ctclink ID _____

Please adjust my enrollment level to the following (select **ONE quarter only** per change form):

- ☐ Summer 2025
 ☐ Fall 2025
 ☐ Winter 2026
 ☐ Spring 2026

Credit Level (select only one below)	
<input type="checkbox"/> 12+ credits	<input type="checkbox"/> 6 credits
<input type="checkbox"/> 11 credits	<input type="checkbox"/> 5 credits
<input type="checkbox"/> 10 credits	<input type="checkbox"/> 4 credits
<input type="checkbox"/> 9 credits	<input type="checkbox"/> 3 credits
<input type="checkbox"/> 8 credits	<input type="checkbox"/> 2 credits
<input type="checkbox"/> 7 credits	<input type="checkbox"/> 1 credit
	<input type="checkbox"/> 0 credits (not attending)

*Please note: When canceling a loan the subsequent quarters are also canceled and you must reapply for the return quarter.

SELF-PAYMENT FOR COURSEWORK NOT REQUIRED FOR PROGRAM

Your financial aid is based on the number of credits you are enrolled in that are required for your program. If you wish to take a non-required course **at your own expense**, this course will not be included in your enrollment level for determining your financial aid eligibility. You must notify our office by completing this form prior to the disbursement of your aid for the quarter noted above.

I wish to take the following class(es) **at my own expense**: _____ Quarter: _____

By signing this, I understand that I am requesting, changing or canceling my aid. Once aid is canceled or reduced, it may only be reinstated with available funds.

STUDENT SIGNATURE _____ **DATE** _____

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