

Financial Aid 2024-2025 Summer Aid Request Form

Name _____ ctclink ID _____

You must have completed and submitted the following items to submit this document to Student Financial Services:

☐ 2024-2025 FAFSA application

☐ Admissions application

It is the responsibility of the student to notify Student Financial Services of your enrollment level so that your tuition can be paid by the tuition deadline, or thereafter, and to avoid being dropped from your classes for non-payment.

☐ I am planning to graduate at the conclusion of Summer quarter 2024.

I plan to attend SUMMER quarter 2024 at the following enrollment credit level:

Summer 2024 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

*Students who enroll less than ½ time (6 credits) are not eligible for Direct Loans.

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** _____