

Please print in black ink only.

Student Name: _____
Last Name First Name/MI Student ID

Address: _____ Phone: _____
Street Address Apt #

_____ Zip
City State

Please Check (✓) the appropriate request(s) and return to the Financial Aid Office.

Changes are subject to availability of funding and eligibility requirements.

Change in Enrollment Status. Indicate all terms that may be applicable.

Adjustments will not be made to your financial aid after the end of the first week of the term unless circumstances were beyond your control. **If requesting an increase after the first week of the term, provide an explanation and documentation.**

| | Not enrolled | ¼ Time (1-5 credits) | ½ Time (6-8 credits) | ¾ Time (9-11 credits) | Full Time (12+ credits) |
|-------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Summer 2017 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fall 2017 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Winter 2018 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spring 2018 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Reason for Add/Withdrawal after first Friday of the term:

*****Note for Loan Borrowers:** You must submit a Federal Direct Loan Revision request to reinstate previously canceled loans.

Student Signature _____ Date _____

Columbia Gorge Community College is an equal opportunity educator and employer