

Office of Student Financial Aid
1600 Chester Avenue, Bremerton, WA 98337
Phone: (360) 475-7163 Fax: (360) 475-7471
financialaid@olympic.edu



2009-10 Enrollment Change Form

_____ 860-_____
Last Name First Name (please print) (SID)

Please read these comments:

Your financial aid award will be calculated initially based on full-time enrollment (12 credit hours) for each quarter during the academic year. If you will not enroll in 12 or more credit hours during the 2009-2010 academic year, you must complete this form and return to the financial aid office as soon as possible. Failure to complete this form accurately will delay your financial aid. It is recommended that students turn in this form at least fifteen days before the first day of class or the first anticipated disbursement date of the term for which they plan to change their enrollment status.

If you have decided not to attend Olympic College during any of the quarters listed below, please check the "Not Enrolling" line for each of those terms that apply.

On the chart below, please check the appropriate answer for each term you plan to attend at Olympic College:

	SUMMER 09	FALL 09	WINTER 10	SPRING 10
12 or more credits (full time)	_____	_____	_____	_____
9 – 11 credits (3/4 time)	_____	_____	_____	_____
6 – 8 credits (1/2 time)	_____	_____	_____	_____
1 – 5 credits (less than 1/2 time)	_____	_____	_____	_____
Not enrolling	_____	_____	_____	_____

Student Certification Statement:

By submitting this form, I certify that all the information above is complete and correct.

Signature

Date

Please mail/deliver/fax this form to the address or number listed above