

Office of Financial Aid Telephone: (415) 257-1350 Fax: (415) 485-3294

50 Acacia Avenue, San Rafael, CA 94901-2298

Email: finaid@dominican.edu
Web site: www.dominican.edu/financialaid

Reynolds	Logan		W	005193983
Student Last Name	First Name		Middle Initial	Dominican Student ID Number
161 Powell St. #212	SF	CA	94102	415 886 0145
Street Address	City	State	Zip	Phone or Cell Phone Number

The Office of Financial Aid uses the planned or anticipated enrollment information when determining eligibility for financial aid. If the enrollment information used to determine your financial aid award does not match your actual enrollment in a term, it will prevent your financial aid from appearing on your billing statement and disbursing to your student account, which may result in finance charges and/or late fees.

Please complete and submit this form if your actual/planned enrollment is different from the enrollment information used in determining your financial aid eligibility and award. The enrollment information on which your award is based may be found in the messages section of your Financial Aid Portal.

Enrollment Section: Please indicate the <u>number of units</u> you are/will be enrolled in for each term of the academic year. If you are not certain of your planned enrollment, please provide your best estimate. If you will not be enrolled in a term, please leave that term blank or indicate 0.

My actual/planned enrollment is different from what the Office of Financial Aid is currently using to determine my financial aid eligibility. I am requesting that my enrollment be updated using the following actual/planned enrollment for the 2020-2021 academic year:

Fall 2020: 12	Spring 2021:12	Summer 2021:12
☐ This is my final semester	☐ This is my final semester	☐ This is my final semester
prior to graduation	prior to graduation	prior to graduation

I understand that this may change my financial aid eligibility and I will be notified via of any changes to my financial aid award once this information has been processed. I further understand that if my actual enrollment is different from the information provided on this form for any term, it may prevent my financial aid from showing on my billing statement and/or disbursing to my student account. This may result in late fees and/or finance charges for which I am responsible. I understand that I may need to complete and submit this form again should my actual enrollment change from the planned enrollment presented on this form.

STUDENT CERTIFICATION

I have read and understand all of the information included on this form. Any enrollment information provided above is true and accurate to the best of my knowledge as of the date of my signature. I understand that should my enrollment plans change, I need to notify the Office of Financial Aid by completing another form or my financial aid may not show on my billing statement and/or credit to my student account. I understand that the information presented here affects my eligibility for Federal Student Aid and knowingly providing false or misleading information could result in fines, imprisonment, or both.

Ln_m	8 - 19 -2020
Student Signature	Date