



2021-2022 ENROLLMENT REVISION FORM

Name _____

SID # _____

Only complete this form if you have already been awarded financial aid.

Your cost of attendance and financial aid award are based on your enrollment level. If you will not be attending full-time in any given quarter, you must complete and submit this form so that we can adjust your cost of attendance and award accordingly.

This form will not be processed for the current quarter if it is received after the census date (3rd day of the quarter).

Please adjust my financial aid accordingly, for the following quarter:

Fall 2021 Winter 2022 Spring 2022

Enrollment Level	Credits	Estimated Grant/Waiver Reduction**
<input type="checkbox"/> Full Time	12+ Credits	--
<input type="checkbox"/> ¾ Time	9-11 Credits	25% of Full-Time Award
<input type="checkbox"/> ½ Time	6-8 Credits	50% of Full-Time Award
<input type="checkbox"/> Less than ½ Time*	1-5 Credits	Contact the Financial Aid Office
<input type="checkbox"/> Will not attend		

*Students who enroll less than ½ time are not eligible for Work Study, SVC Grant, Direct Loans, or Tuition Waivers.

**Grants and Waivers subject to reduction include Pell Grant, Supplemental Educational Opportunity Grant, SVC Grant, Washington College Grant, College Bound, and Tuition Waivers.

Please note that reducing your enrollment may reduce the amount of financial aid you will receive for the quarter. If your financial aid has already disbursed, please note that changes to your enrollment may result in a bill based on overpayment of funds. You will be notified by the Skagit Valley College Business Office, should this occur.

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**: _____

CERTIFICATION

I understand that submitting this form electronically as an email attachment **using my SVC email account** constitutes my signature and my certification that the information provided here in is complete and correct.

Once completed, this form may be submitted via your mySVC email account, to financial.aid@skagit.edu. Note: this email address is for document submission only.

Student Signature _____

Date _____

SVC FINANCIAL AID OFFICE USE ONLY

ER	<input type="checkbox"/> Adj FAM Awd/Subcode <input type="checkbox"/> Track ER/CR <input type="checkbox"/> Check PA <input type="checkbox"/> DL?	INITIALS & DATE:
	<input type="checkbox"/> Adj FAM Budg Code/Amt/Enrl <input type="checkbox"/> Yr Rd PELL Ind <input type="checkbox"/> Reg showing FA?	