

2024 - 2025 SUMMER ENROLLMENT FORM

Name _____

Student ctclink ID # _____

You must have a FAFSA or WASFA application completed and received by SVC **and** be enrolled in summer classes prior to completing this form. **If your actual enrollment does not match the enrollment reported on this form we will not process the form.** Please note that any changes to your enrollment, after financial aid has been disbursed, will likely result in funds being owed back. You will be notified by the Skagit Valley College Business Office should this occur. It is recommended you speak to a financial aid staff member **prior** to adding or dropping any classes.

I am enrolled in the following classes for Summer Quarter 2024:

Class Title	# of Credits
*Students must be enrolled in 6 or more credits to be eligible for Direct Loans.	Total Credits:

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

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 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: By signing this form, you acknowledge that, if it is determined you are not eligible for financial aid or your aid is not enough to cover your balance, you will be responsible for paying any outstanding tuition and fees. You are also acknowledging that you are aware that financial aid disbursements **will not occur until after the quarter begins and you will be responsible for purchasing your books and supplies out of pocket** to ensure your success. Please note, financial aid staff are unable to provide estimates on when disbursements will occur. This includes disbursements for all grants, scholarships, loans, and other types of funding processed through the financial aid office.

I certify that the information provided on this form is complete and correct.

Student Signature _____

Date _____

Once completed, this form may be submitted via your mySVC email account to financial.aid@skagit.edu or dropped off at the financial aid office in-person. If our office is closed, you can deposit the completed form in the mail slot outside of our office.

SVC FINANCIAL AID OFFICE USE ONLY

ESK122	<input type="checkbox"/> Actual Registration Matches <input type="checkbox"/> Courses Required <input type="checkbox"/> FA Term Matches	INITIALS & DATE:
	<input type="checkbox"/> Checklist Completed <input type="checkbox"/> Awards Adjusted/Added <input type="checkbox"/> Packaging Variables	