



OFFICE OF FINANCIAL AID

2024-2025 Credit Intent Form

In order to provide the most accurate financial aid offer for you, please complete the form on how many credits you intend on taking for each semester.

Printed Name: _____ DOB: _____

Cell Phone: _____ Major: _____

I expect to take the following number of credits per semester (please estimate ALL terms):

Fall 2024 _____ Winter/Spring 2025 _____ Summer 2025 _____

Are you receiving any Outside Scholarships, Tuition Assistance or Employer Reimbursement?

YES / NO If yes, please list total amount and source:

\$ _____ Source _____, \$ _____ Source _____

\$ _____ Source _____, \$ _____ Source _____

I certify that the above information is true and accurate. If my attendance status changes I understand I must notify the Financial Aid Office within 7 days. I understand the enrollment for less than the above stated intent may result in an adjustment to my financial aid award.

Student Signature Date

Financial Aid Office Use Only: Notes on changes to award

Award was modified by: _____ Date: _____