



OFFICE OF
FINANCIAL AID

**2026-2027
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 2026: _____ **Winter/Spring 2027:** _____ **Summer 2027:** _____

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 that I must notify the Financial Aid Office within **7** days. I understand that enrollment for less than the above stated intent may result in an adjustment to my financial aid award.

Student Signature

Date

OFFICIAL USE ONLY: Notes on changes to award

Award was modified by: _____ Date: _____