

2023-2024 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:	ell Phone:Major:			
I expect to take the f	ollowing <i>number of crea</i>	<i>lits</i> per ser	mester (please estimate ALL terms):	
Fall 2023 Winter/Spring 2024		Summe	er 2024	
Are you receiving an	y Outside Scholarships,	Tuition Ass	sistance or Employer Reimbursement?	
YES / NO If y	es, please list total amou	nt and sou	rce:	
\$Source		, \$	Source	
\$Source	e	, \$	Source	
	stated intent may result in	າ an adjusii 	ment to my financial aid award.	
Student Signature		 Date		
OFFICIAL USE ONLY: 1	Notes on changes to award			
Award was modified by:			Date:	