



Financial Aid Enrollment Information Worksheet 2019-2020 For Continuing Education Students

Please complete, sign, and send to Curry College, Student Financial Services at 1071 Blue Hill Avenue, Milton, MA 02186, fax to 617-333-2915, or email to fin-aid@curry.edu.

Student Name: _____ **ID#** _____

Campus: Milton _____ Plymouth _____ **Anticipated Graduation Date (month/year):** _____

Please indicate the number of credits you plan to take in each term and semester. Continuing Education students need to be enrolled in 6 credits per semester to be eligible for Federal Stafford Loans. Keep a copy for your records, as this estimate will impact your eligibility for financial aid.

Fall Semester 2019

Term 1: 8/26/19 – 10/19/19 # of credits _____

Term 2: 10/21/19 - 12/14/19 # of credits _____

15 Week Courses: 8/26/19 – 12/14/19 # of credits _____

Total Fall credits _____

Spring Semester 2020

Term 3: 1/21/20 – 3/14/20 # of credits _____

Term 4: 3/16/20 – 5/09/20 # of credits _____

15 Week Courses: 1/21/20 - 5/09/20 # of credits _____

Total Spring credits _____

Summer Session 2020

Summer I: 5/18/20 – 7/05/20 # of credits _____

Summer II: 7/6/20 – 8/22/20 # of credits _____

Total Summer credits _____

Employer Tuition Reimbursement: Indicate \$ value or percent offered by employer: (circle one) \$ / % _____

Outside Scholarships: Name of Scholarship _____ Amount: \$ _____

By signing this statement, I understand that I must notify the Student Financial Services Office if my enrollment changes as it may impact my eligibility for financial aid.

Student Signature: _____ **Date:** _____

Students who register for 9 or more credits will be charged for Student Health Insurance; you will be given the opportunity to waive the insurance if you carry comparable coverage.