



Financial Aid Enrollment Information Worksheet for 2019-2020 For Continuing Education Nursing Majors

Please complete, sign, and send to Curry College, Student Financial Services, 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 each term and semester. Continuing Education students need to be enrolled in 6 credits per semester to be eligible for Federal Direct Stafford Loans. Keep a copy for your records, as this estimate will impact your eligibility for financial aid.

Fall Semester 2019

Term 1 - 08/26/19 – 10/19/19

Term 2 - 10/21/19 – 12/14/19

Nursing courses # of credits _____

of credits _____

Non-nursing courses # of credits _____

of credits _____

Total Term 1 _____

Total Term 2 _____

Spring Semester 2020

Term 3 - 1/21/20 – 3/14/20

Term 4 - 3/16/20 – 5/9/20

Nursing courses # of credits _____

of credits _____

Non-nursing courses # of credits _____

of credits _____

Total Term 3 _____

Total Term 4 _____

Summer Session 2020

Summer I – 5/18/20 – 7/5/20

Summer II - 7/6/20 – 08/22/20

Nursing courses # of credits _____

of credits _____

Non-nursing courses # of credits _____

of credits _____

Total Summer I _____

Total Summer II _____

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.