



## Financial Aid Enrollment Information Worksheet 2018-2019 For Continuing Education Students

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

**Student Name:** \_\_\_\_\_ **ID#** \_\_\_\_\_

Please indicate the number of credits you plan to take in each term and/or 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 2018

<u>Term 1:</u>	8/27/18 – 10/20/18	# of credits _____
<u>Term 2:</u>	10/22/18 - 12/15/18	# of credits _____
<u>15 Week Courses:</u>	8/27/18 – 12/15/18	# of credits _____

### Spring Semester 2019

<u>Term 3:</u>	1/22/19 – 3/16/19	# of credits _____
<u>Term 4:</u>	3/18/19 – 5/11/19	# of credits _____
<u>15 Week Courses:</u>	1/22/19 -5/7/19	# of credits _____

### Summer Session 2019

<u>Summer I:</u>	5/20/19 – 7/6/19	# of credits _____
<u>Summer II:</u>	7/8/19 – 8/24/19	# of credits _____

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

**Outside Scholarships:** Name of Scholarship \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Bachelor’s Degree Major:** \_\_\_\_\_ **Primary Campus Where you Attend Classes:** \_\_\_\_\_

**Anticipated Date of Graduation:** check one and enter month/year  
 \_\_\_\_\_ December (end of Term 2) \_\_\_\_\_ May (end of Term 4) \_\_\_\_\_ August (end of Summer Session II) \_\_\_\_\_ Month/Year

*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.**