



Financial Aid Enrollment Information Worksheet for 2018-2019 For Continuing Education Nursing Majors

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

Student Name: _____ **ID#** _____

Are you enrolled in the BS to MSN program at Curry? Yes _____ No _____

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 Direct Stafford Loans. Keep a copy for your records, as this estimate will impact your eligibility for financial aid.

Fall Semester 2018

<u>15 week Courses:</u>	8/27/18 – 12/15/18	<u>Term 1 (8 week courses):</u>	08/27/18 – 10/21/18
Nursing Courses	# of credits _____	Courses - Plymouth	# of credits _____
Non-nursing Courses - Plymouth	# of credits _____	Courses - Milton	# of credits _____
Non-nursing Courses - Milton	# of credits _____		
		<u>Term 2 (8 week courses):</u>	10/23/18 – 12/16/18
		Courses - Plymouth	# of credits _____
		Courses - Milton	# of credits _____

Spring Semester 2019

<u>15 week Courses:</u>	1/22/19 – 5/13/19	<u>Term 3 (8 week courses):</u>	1/22/19 – 3/17/19
Nursing Courses	# of credits _____	Courses - Plymouth	# of credits _____
Non-nursing Courses - Plymouth	# of credits _____	Courses - Milton	# of credits _____
Non-nursing Courses - Milton	# of credits _____		
		<u>Term 4 (8 week courses):</u>	3/19/19 – 5/13/19
		Courses - Plymouth	# of credits _____
		Courses - Milton	# of credits _____

Summer Session 2019

<u>Summer I:</u>	5/21/19 – 7/7/19	<u>Summer II:</u>	7/9/19 – 08/25/19
Nursing Courses	# of credits _____	Courses - Plymouth	# of credits _____
Non-nursing Courses - Plymouth	# of credits _____	Courses - Milton	# of credits _____
Non-nursing Courses - Milton	# of credits _____		

Please continue to the next page.

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

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

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.**