Student Name: ____________________________

Student ID: ______________ Phone Number: __________________________

Student Type: ☐ UG ☐ GRAD

At McDaniel College, financial aid award letters are made on the assumption that students will be enrolled in the following number of credits:

<table>
<thead>
<tr>
<th>Type of Student</th>
<th>Assumption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate</td>
<td>Full-time (12+ credits per semester)</td>
</tr>
<tr>
<td>Graduate Students</td>
<td>Part-time (6 credits per semester)</td>
</tr>
</tbody>
</table>

If your enrollment will be different than the assumption, please complete this form and submit it to the Office of Financial Aid. Please note that this change may require us to revise your financial aid award based on the updated enrollment level. If so, you will receive a revision notice via your McDaniel email.

**If you have become eligible for aid, we will award the maximum amount available (including loans).** If you wish to cancel or reduce loans that are offered, you must submit the Loan Cancellation/Decrease Request Form.

Please indicate your enrollment plan by checking the appropriate box below:

*(Please note that waitlist and audit classes do not count for financial aid eligibility)*

Summer semester: ☐ Full-time ☐ Part-time (_____ # of credits) ☐ Will not be enrolled

Fall semester: ☐ Full-time ☐ Part-time (_____ # of credits) ☐ Will not be enrolled

Spring semester ☐ Full-time ☐ Part-time (_____ # of credits) ☐ Will not be enrolled

*December graduate ☐ Please note that federal regulations require Direct Subsidized and Unsubsidized Loans to be prorated for undergraduate students.

Change to graduate student ☐ I have completed the requirements for my bachelor’s degree (as of fall 2015), and I will be a graduate student at McDaniel College for the spring 2016 semester (accepted in an eligible program).

☐ I have updated my FAFSA to indicate that I am a graduate student (Dependency section question: “At the beginning of the 2015-16 school year will you be working on a master’s degree?” Answer YES.)

By signing below, I certify that I understand certain financial aid programs require a minimum enrollment be maintained to receive funding.

Student Signature: ____________________________ Date: ____________________

*This form contains personally identifiable information.*

Financial Aid Office 2 College Hill Westminster, MD 21157
410.857.2233 (Voice) 410.386.4608 (fax) finaid@mcdaniel.edu

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