Lander University Office of Financial Aid
320 Stanley Avenue, Greenwood, SC 29649
Email Address: finaid@lander.edu • Web Site: www.lander.edu/finaid
Phone: (864) 388-8340 • Fax: (864) 388-8811

2007-2008 Change in Enrollment/Housing Status

The Office of Financial Aid packages financial aid on the assumption that you intend to enroll on a full-time basis. The worksheet below is designed to allow you to communicate your enrollment intentions to us so that we can adjust your aid as appropriate. **Please keep in mind that students enrolled less than half-time (6 hours) in any term are not eligible for most types of aid, including student loans.**

Last Name First Name MI Lander ID Number

Please complete all information. Fill in all the blanks.

FALL 2007 SEMESTER	
Anticipated hours enrolled	
housing status	

For housing status, use: **on-campus**, **living with parents**, or **off campus**.

SPRING 2008 SEMESTER	
Anticipated hours enrolled	
housing status	

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I plan to graduate at the end of the Fall semester.

☐ I plan to graduate in _____ (Enter date mm/yyyy)

CERTIFICATION STATEMENT AND SIGNATURE:

The information provided above is complete and accurate to the best of my knowledge. I understand that it might be necessary for the Office of Financial Aid to adjust my aid eligibility based on my level of enrollment. I understand that at any time the Office of Financial Aid adjusts my aid eligibility, I will be notified in writing. I understand that it is my responsibility to notify the Office of Financial Aid if my enrollment plans change.

Student Signature Date

DATA ENTRY		COUNSELOR REVIEW	
RRAAREQ	N=Pending Review	Use instructions for Budget Adjustments in Banner Processing Manual and Excel Calculator	
Initials/date		CNSLR Initials and date	
Fwd to Counselor date			