Office of Financial Aid
Phone: 864-388-8340 | Fax: 864-388-8811 | Form Code 27ENRL
320 Stanley Avenue, Greenwood, SC 29649 | lander.edu/finaid | Email: finaid@lander.edu

2026-2027 Change in Enrollment

_____

Student's Last Name **First Name** **MI** **Lander ID (L#)**

The Financial Aid Office packages financial aid on the assumption that you intend to enroll on a full-time basis and information provided on your FAFSA or admissions application. The worksheet below is designed to allow you to communicate your enrollment intentions to us so that we can adjust your aid as appropriate. **Undergraduate students enrolled less than half-time (6 hours) in any term are not eligible for most types of aid, including student loans. Graduate students must enroll in at least 3 hours (half-time) in any term to qualify for federal student loan assistance.** Students should check their Bearcat Web accounts weekly for award and requirement information.

Please complete all information.

FALL 2026 SEMESTER	
Anticipated hours enrolled	_____ Full Term _____ Fall 1 _____ Fall 2 _____ On-Line _____ Other (list dates)
Housing (circle one)	• With Parents • On campus (Lander housing) • Off campus (apartment, etc.) • With Relative
Degree type (circle one)	• Undergraduate • Second Degree • Graduate • Non-degree
State Residency* (circle one) *Changes in residency must be approved by LU Residency Coordinator in Admissions Office	• SC resident • Non- SC resident

SPRING 2027 SEMESTER	
Anticipated hours enrolled	_____ Full Term _____ Spring 1 _____ Spring 2 _____ On-Line _____ Other (list dates)
Housing (circle one)	• With Parents • On campus (Lander housing) • Off campus (apartment, etc.) • With Relative
Degree type (circle one)	• Undergraduate • Second Degree • Graduate • Non-degree
State Residency* (circle one)	• SC resident • Non- SC resident

☐ **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 Financial Aid Office to adjust my aid eligibility based on my level of enrollment. I understand that at any time the Financial Aid Office adjusts my aid eligibility, I will be notified of the revised awards. ***I understand that it is my responsibility to notify the Financial Aid Office if my enrollment plans change. I also understand I am responsible for contacting Housing for any change in campus housing contracts.***

_____

Student's Signature Phone # Date

DATA ENTRY		COUNSELOR REVIEW		
RRAAREQ	xxENRL=N - Pending Review	RBAABUD COA/LOCK	ROAUSDF FIELDS 241-256	FWD TO LOAN CNSLR?
Initials/date		UG OR GR CHARGES?	RNAOVxx BUD DUR	RHACOMM
Fwd to Counselor date		RPAAWRD: PRORATION? LOAD CODE; FUND PERIOD LOCK	ROAIMMP DISB	RRAAREQ ROAMESG
RPAAWRD Award Schedule Tab Lock Pell if $0	If changing from undergrad to grad mid-year	Residency change – must be official in SGASTDN/SAAADMS		PART-TIME Pell ROAUSDF 11 CNSLR Initials and date
Adjustments SHOULD BE BASED ON hours as of census or package date, whichever is later.				