21ENRL

Lander University Financial Aid Office

320 Stanley Avenue, Greenwood, SC 29649
Email: finaid@lander.edu • Web: https://www.lander.edu/admissions/tuition-financial-aid
Phone: (864) 388-8340 • Fax: (864) 388-8811

2020-2021 Change in Enrollment/Housing Status

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. 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 2020 SEMESTER	
Anticipated hours enrolled	_____ Full Term _____ Fall 1 _____ Fall 2 _____ On-Line
Housing status (circle one)	**on-campus** **living with parents/relatives** **off campus**
Undergraduate/second degree or Graduate Level (circle one)	UG/SD OR GRADUATE

SPRING 2021 SEMESTER	
Anticipated hours enrolled	_____ Full Term _____ Spring 1 _____ Spring 2 _____ On-Line
Housing status (circle one)	**on-campus** **living with parents/relatives** **off campus**
Undergraduate/second degree or Graduate Level (circle one)	UG/SD OR GRADUATE

PLEASE CHECK ONE OF THE FOLLOWING:

☐ 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.

Student's Signature Phone # Date

DATA ENTRY		**COUNSELOR REVIEW**		
RRAAREQ	N=Pending Review	RBAABUD COA/LOCK	ROAUSDF FIELDS 55 AND 56	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
			RNANAxx HOUSING (no CORRP)	CNSLR Initials and date
Adjustments SHOULD BE BASED ON hours as of census or package date, whichever is later.				