CHANGE OF ENROLLMENT FORM

Print Student’s Last name, First MI  Student ID Number

My enrollment at Honolulu Community College for:

   □ Fall will be _____ credits.

   □ Spring will be _____ credits.

As part of changing my enrollment status, I understand:
   1. My financial aid will be reprocessed;
   2. My financial aid disbursement may be delayed;
   3. I may lose my financial aid eligibility;
   4. I may be asked to repay part or all of the financial aid that I received;
   5. I may not meet the minimum financial aid satisfactory academic progress
      requirements to maintain financial aid eligibility for the following term; and
   6. My loans may go into repayment if I am dropping below half-time status or completely
      withdraw from school.
   7. I need to complete a DUAL ENROLLMENT form if I am taking classes at another
      campus.

_______________________________  __________________________
Student’s Signature                Date

Return this form to: Honolulu Community College - Financial Aid Office
                    874 Dillingham Blvd, Honolulu, HI 96817

FOR FINANCIAL AID USE ONLY:

_____ Enrollment revised; no change to aid

_____ Enrollment revised; notify student of change(s).

_____ Student is less than half-time status; cancel future disbursements (if any), and
      exit loan.

_____ Other: ____________________________________________________________
                      ____________________________________________________________

_______________________________  __________________________
FA Officer Initial                Date