CHANGING 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