SVC | SKAGIT VALLEY COLLEGE Financial Aid

ATTN: FINANCIAL AID OFFICE
2405 E College Way, Lewis Hall L121
Mount Vernon, WA 98273
Phone: MV – 360.416.7666 / WIC – 360.679.5320
Fax: MV – 360.416.7886 / WIC – 360.679.5375

2024 - 2025 ENROLLMENT REVISION FORM

Name _____   ctcLink Student ID # _____

You must have a FAFSA or WASFA application completed and received by SVC <u>and</u> be enrolled in classes prior to completing this form. **If your actual enrollment does not match the enrollment reported on this form, we will not process the form.** Please note any changes to your enrollment after financial aid has been disbursed will likely result in funds being owed back. You will be notified by the Skagit Valley College Business Office should this occur. It is recommended you speak to a financial aid staff member **<u>prior</u>** to changing any courses.

Your cost of attendance and financial aid award are based on the number of credits you are enrolled in. If you will be enrolled in less than 12 credits per quarter, you must complete and submit this form so that we can adjust your cost of attendance and awards accordingly.

Please adjust my financial aid accordingly, for the following quarter:

Fall 2024	Winter 2025	Spring 2025

Class Title	# of Credits

*Students must be enrolled in 6 or more credits to be eligible for Direct Loans.   **Total Credits:** _____

SELF-PAYMENT FOR COURSEWORK NOT REQUIRED FOR PROGRAM

Your financial aid is based on the number of credits you are enrolled in that are required for your program. If you wish to take a non-required course **at your own expense,** this course will <u>not</u> be included in your determining your financial aid eligibility. You must notify our office by completing this form prior to the disbursement of your aid for the quarter noted above.

I wish to take the following class(es) **at my own expense:** _____

CERTIFICATION: I understand that submitting this form electronically as an email attachment using my SVC email account constitutes my signature and my certification that the information provided here in is complete and correct.

Student Signature _____   Date _____

Once completed, this form may be submitted via your mySVC email account to financial.aid@skagit.edu or dropped by the financial aid office. If we are closed, you can drop the form in our drop box outside of our office.