



2024 - 2025 CHANGE OF ENROLLMENT FORM

STUDENT NAME

STUDENT ID

PREFERRED EMAIL

PHONE NUMBER

PURPOSE & GENERAL INSTRUCTIONS

Financial aid is initially awarded based on your anticipated or assumed enrollment status for the academic year, which often reflects how you were admitted to the university. Your anticipated or assumed enrollment for each semester is displayed in your MAX account under the Financial Aid tab. Please refer to the financial aid enrollment definitions listed below to cross-reference your status.

UNDERGRADUATE & POST-BACCALAUREATE CERTIFICATION PROGRAMS:			
Full-Time (12+ credits)	Three-Quarter-Time (9-11 credits)	Half-Time (6-8 credits)	Less-than-Half-Time (1-5 credits)
GRADUATE & DOCTORAL PROGRAMS:			
Full-Time (6+ credits)		Half-Time (3-5credits)	

If your actual enrollment plans will be different than your anticipated or assumed enrollment, please complete this form prior to the start of the semester to notify the Office of Financial Aid (OFA) and ensure your financial aid is accurate. Failure to do so before the start of the semester may delay the payment of your financial aid until it can be manually reviewed by OFA after the add/drop period each term.

STUDENT PROGRAM LEVEL & EXPECTED ENROLLMENT

Please indicate your current program level and your expected enrollment for each semester you plan to be enrolled. Make sure to write the exact number of credits you plan to take each semester. If you will not be enrolled, please write '0' in the box below.

UNDERGRADUATE POST-BACC CERTIFICATION GRADUATE/DOCTORAL

SUMMER 2024	I plan to be enrolled a total of _____ credit hours in the summer. If this changes I will notify the OFA.
FALL 2024	I plan to be enrolled a total of _____ credit hours in the fall. If this changes I will notify the OFA.
SPRING 2025	I plan to be enrolled a total of _____ credit hours in the spring. If this changes I will notify the OFA.

Disclaimer: If you are an undergraduate student and eligible for the federal Pell Grant, please be aware that your award amount will adjust based on your enrollment intensity (per half credit hour).

ADDITIONAL INFORMATION

If you checked 'Not Enrolled' for the Fall or Spring semesters, check the reason below. If you are taking a leave of absence or completely withdrawing from Millersville, please provide the cause of your decision in the box provided.

LEAVE OF ABSENCE COMPLETE WITHDRAW GRADUATING

My reason for leaving the university is due to:

AGREEMENTS & SIGNATURES

By checking the boxes and signing below, I affirm that all of the information provided is an accurate reflection of my circumstances.

STUDENT SIGNATURE

DATE

Office Use Only: Information taken over the phone by _____ on _____