

Social Security Number		Last Name	First	Middle Initial
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- 1st SEMESTER  
 2nd SEMESTER  
 SUMMER

Day  
 Eve  
 20\_\_\_\_20\_\_\_\_

Course Number	Section Number	Tuition Hours	Signature of Instructor

Total Number of Tuition Hours Before Change(s)

Total Number of Tuition Hours After Change(s)

Are You Receiving Financial Aid?  Yes  No

(Signature of Director of Financial Aid if Total Number of Tuition Hours After Change(s) is **Less** than 12 and you are receiving financial aid)

\_\_\_\_\_  
Financial Aid Office Date

Course Number	Section Number	Tuition Hours	Signature of Instructor

Are You Receiving Veteran's Benefits?  Yes  No

A Veterans Affairs Official must sign this form if you are receiving veteran's benefit.

\_\_\_\_\_  
Verteran's Affais Office Date

\_\_\_\_\_  
Counseling Services Date

\_\_\_\_\_  
Major Department Head or Designee Date

\_\_\_\_\_  
Student Date