



2023-2024 Enrollment Revision

3028 Lindbergh Ave. Bellingham, WA 98225 • (360)752-8351 • fax (360)752-7151 • FinAid@btc.edu

Financial aid is awarded at a full-time enrollment level (12+ credits) for all students. If you plan to enroll for fewer than 12 credits, submit this form before the 10th day of the quarter (quarterly census date) to update your enrollment.

Your financial aid will be adjusted to reflect the enrollment level indicated below. **If your financial aid disbursed prior to adjusting your enrollment level, you may be required to repay all or a portion of the funds disbursed.**

Student Information

Last Name

First Name

ctcLink ID

Previous Last Name (s)

Email Required (Email is the default communication method)

Enrollment

Please adjust my enrollment status for the following quarter(s):

Summer 2023: Full Time (12+ credits) ¾ Time (9-11 credits) ½ Time (6-8 credits) Less Than ½ Time*

Fall 2023: Full Time (12+ credits) ¾ Time (9-11 credits) ½ Time (6-8 credits) Less Than ½ Time*

Winter 2024: Full Time (12+ credits) ¾ Time (9-11 credits) ½ Time (6-8 credits) Less Than ½ Time*

Spring 2024**: Full Time (12+ credits) ¾ Time (9-11 credits) ½ Time (6-8 credits) Less Than ½ Time*

Will not attend: Fall 2023 Winter 2024 Spring 2024

*Students who enroll Less Than ½ Time are not eligible for Work Study or Direct Loans. If you are eligible for WA College Grant and/or College Bound Scholarship, these programs require a minimum enrollment of three credits.

**If you receive a full-time Pell Grant in Summer, Fall and Winter quarters, you must take at least six aid-eligible credits to receive Pell Grant in Spring quarter.

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 not be included in your enrollment level for determining your financial aid eligibility. You must notify our office by completing this form prior to the disbursement of your aid for the quarter note above.

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

Signature Certification Required: Please keep a copy of this document for your records.

By submitting this form, I agree that the information provided is complete and correct.

Student Name

Student Signature

Date

EBH046