

Office of Financial Aid
2019-2020 Enrollment Plan Update Form

Student Name: _____
SSN (last four digits): _____ Phone Number: _____

Student Type: WOM CAUS GRAD PHARM

At Notre Dame of Maryland University, financial aid award letters are made on the assumption that students will be enrolled in the following number of credits:

Type of Student	Assumption
Women's College	Full-time (12+ credits per semester)
CAUS Students (including teacher certification)	Part-time (6 credits per semester)
Graduate Students	Part-time (6 credits per semester)
GEI Students	Full-time (9+ credits per semester)
Pharmacy Students	Full-time (10+ credits per semester)

If your enrollment will be different than the assumption, please complete this form and submit it to the office of financial aid. Please note that this change may require us to revise your financial aid award based on the updated enrollment level. If so, you will receive a revision notice via your Notre Dame email. **If you have become eligible for aid, we will award the maximum amount available (including loans).** If you wish to cancel or reduce loans that are offered, you must submit the appropriate form from the financial aid website www.ndm.edu/finanicalaid >Forms and Publications.

Please indicate your enrollment plan by checking the appropriate box below:

(Please note that waitlist and audit classes do not count for financial aid eligibility)

Summer semester: Full-time Part-time (____# of credits) Will not be enrolled

Fall semester: Full-time Part-time (____# of credits) Will not be enrolled

Spring semester Full-time Part-time (____# of credits) Will not be enrolled

*December graduate Please note that federal regulations require Direct Subsidized and Unsubsidized loans to be prorated for undergraduate students.

Change to graduate student I have completed the requirements for my bachelor's degree (as of fall 2019) and I will be a graduate student at Notre Dame for the spring 2020 semester (accepted in an eligible program).

I have updated my FAFSA to indicate that I am a graduate student (Dependency section question: "At the beginning of the 2019-20¹ school year will you be working on a master's degree?" Answer YES.)

By signing below, I certify that I understand certain financial aid programs require a minimum enrollment be maintained to receive funding.



Office Use Only

Student Signature: _____

Date: _____

This form contains personally identifiable information.
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