



# Impact of Change in Enrollment Status on Financial Aid Eligibility

This form has been developed to provide you (the student) with a clear statement of how retroactive and/or mid-semester changes in enrollment status will affect your financial aid eligibility before those changes are implemented. It is strongly recommended that you complete this form prior to requesting 1) a drop from a course (s) after the drop deadline; 2) a withdrawal from any or all courses in which you are enrolled; and/or 3) a withdrawal from a program or changes in an academic program in which you have matriculated. This form should be completed and included with the request for action to the adviser, program director, department chair, etc.

- 1. **Drop course(s) after drop deadline.** List the requested course(s) to drop; include semester and year in which the course(s) was taken.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 2. **Withdraw from course(s).** List the course(s) from which you are requesting to withdraw; include semester and year in which the course(s) was taken.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 3. **Withdraw from or change in academic program at any time.** List the program from which you are withdrawing and your new academic program including the effective **semester and year**, if applicable.

Current Program: \_\_\_\_\_ New program: \_\_\_\_\_ Effective Semester: \_\_\_\_\_

- 4. **Other:** \_\_\_\_\_

Any student requesting an academic action must complete Option A or B on the reverse side of this form. If the student elects to complete Option A, the student must take this form to an Access Center to determine any financial aid implications resulting from the action(s) cited in Step 1 (above).

Please note that this impact advisement is designed to inform you of changes in federal or state financial aid programs that are a result of the action requested above. If you are withdrawing from all course(s) before completing 60 percent of the semester, measured in calendar days, your financial aid will be reduced proportionately.

If you have received funding from a source other than the Financial Aid Office, we strongly recommend that you contact the office, department, committee or foundation that made the award to determine if the change in enrollment will impact the award to determine if the change in enrollment will impact the award. The Financial Aid Office is not responsible for disclosing the possible changes to awards not made by the Financial Aid Office.

Student Name

Last	First	MI
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Student's Social Security Number

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Current mailing address

Street	City	State	Zip
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Day phone

( )

Evening phone

( )

Email address

Name of academic advisor

Phone number of academic advisor

( )

Semester/year of academic action

Determine if you wish to have or waive financial aid counseling. Check and complete the appropriate option. Note that you may waive financial aid counseling only if you 1) never received financial aid funding for the semester (s) for which this academic action is being requested, or 2) are not requesting to drop course (s) after the drop deadline (retroactive drop).

**Option A Financial aid counseling.** (To be completed by the student and the Access Center.)

**Financial aid representative.** Describe below the impact of the action (s) requested in Step 1 on prior, current, and/or future financial aid, including, but not limited to, Satisfactory Academic Progress implications, awarding, award renewal and amount of funds to be retracted.

Amount to be retracted: \_\_\_\_\_

Other implications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Financial Aid specialist's name (please print)

Phone number

Financial Aid specialist's signature

Date

**Student.** I have received counseling to determine the financial aid implications of the action (s) requested in Step 1. I understand that the requested action (s) may result in the changes described above to my state and federal financial aid for the prior, current, and/or future semesters.

Student's signature

Date

**Option B Waiver of financial aid counseling.** (To be completed by the student)

- I certify that I have not applied for federal or state financial aid, or I acknowledge that although I may have received federal or state financial aid, I choose not to attend the recommended financial aid counseling session in which I would have been advised of the impact of the requested action specified in Step 1.
- If I received federal or state financial aid, I understand that all or a portion of my financial aid may be cancelled as a result of the requested action (s) and that this includes all aid that has already been disbursed to my account as well as any aid that is pending disbursement. I understand that the cancellation of aid may result in an account balance due college and that I will be held financially liable for that balance as well as any late fees or collections costs, which I will pay according to the Business Office's payment policy.
- If I am requesting to drop courses retroactively and I have received federal or state financial aid, I understand that I must repay any financial aid refund that I may have received.
- I understand that all future registration activity and official transcript releases will be prohibited until my account is paid in full.

Student's signature

Date



Central Financial Aid Office  
Post Office Box 85622  
Richmond, VA 23285