

2018-19 Planned Enrollment Form



Financial Aid, Student Accounting & Registrar

1300 York Avenue
Room C-114
New York, NY 10065
T: 212.746.1065
F: 212.746.5981

Student Name: _____ Student CWID: _____

Class of: 20____ Year in Program: _____

In order to process your financial aid for the 18-19 academic year, we need information on the number of credits that you plan to enroll for each term this year.

If you end up changing your enrollment in any given term, **you are required to inform us and your financial aid amounts will be adjusted accordingly.**

Please note that if you do not provide us with this information, your financial aid will be cancelled.

Fall 2018 _____ credits
Spring 2019 _____ credits
Summer 2019 _____ credits

Student Certification

I certify that the information listed here is true and accurate, and I understand that I must notify the Financial Aid Office if my enrollment changes.

SIGNATURE OF STUDENT

DATE

Return completed form to the Office of Financial Aid, 1300 York Avenue, Room C-114, or email to: finaid@med.cornell.edu