



Office Use Only

Office of Financial Aid
2013-2014 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	Part-time (6 credits per semester)
Graduate Students	Part-time (6 credits per semester)
GEI Students	Full-time (12+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 Financial Aid Office. 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.

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 Stafford loans to be prorated for undergraduate students)

Change to Graduate Student ☐ (I have completed the requirements for my bachelors degree and I will be a graduate student at Notre Dame for the Spring semester.)

Student Signature: _____ Date: _____