CENTRAL PIEDMONT COMMUNITY COLLEGE

smart for life

FINANCIAL AID OFFICE, CENTRAL PIEDMONT COMMUNITY COLLEGE
P.O. BOX 35009, CHARLOTTE, NC 28235-5009
Telephone: (704) 330-6942 Fax: (704) 330-5053

Please complete and return this form if you:

1. Change enrollment status by withdrawing from a course(s);
2. Completely withdraw from all your course(s);
3. Change your permanent address;
4. Add/Drop course(s);
5. Receive aid from any other source (scholarships, tuition assistance, WIA, Vocational Rehabilitation, etc.).

If for some reason, your enrollment status changes (due to a withdrawal, change in residency status or a change in course hours), your aid may change. By returning this form at the time a situation occurs, you may avoid having to repay any federal funds you were awarded. Also, please notify us if any additional gift aid assistance is received for any educational expenses. If an over award occurs, the student is responsible for repaying the amount of the over award to the federal accounts.

Part One: General Information *(please print)*

Last Name: _____ First Name: _____

Student ID Number: _____ Telephone Number: _____

Part Two: Change of Address *(please print)*

☐ My new mailing address is: Street: _____

City: _____ State: _____ Zip Code: _____

Part Three: Change of Enrollment

☐ I have dropped the following course(s):

Course Name: _____ Date of Drop: _____
Course Name: _____ Date of Drop: _____
Course Name: _____ Date of Drop: _____
Course Name: _____ Date of Drop: _____

☐ I have added the following course(s):

Course Name: _____ Date of Add:: _____
Course Name: _____ Date of Add:: _____
Course Name: _____ Date of Add:: _____
Course Name: _____ Date of Add:: _____

☐ I withdrew from all my courses:

Date of Withdrawal: _____

Please check with the Financial Aid Office to determine if you will owe money back to the U.S. Department of Education.

☐ I am auditing a course(s):

Course Name: _____ Date of Add:: _____
Course Name: _____ Date of Add:: _____

☐ I have received an "Incomplete" in the following course(s):

Course Name: _____
Course Name: _____

Part Four: Outside Aid *(please print)*

☐ I am receiving other aid.

☐ I am receiving a scholarship.

☐ I am receiving tuition assistance from my employer.

Please list below the name of the company and/or scholarship providing financial aid assistance for your tuition, books and/or fees:

_____ Amount: _____

_____ Amount: _____

_____ Amount: _____

Part Five: Certification

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

(If considered dependent, parent please sign, print, and fax to 704.330.5053)

Warning: ***According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to $20,000 or imprisonment for up to 5 years, or both.***

Do not mail any documents to the U.S. Department of Education.
Submit all requested documentation to CPCC's Financial Aid Office by fax (704.330.5053).

You should make a copy of this worksheet for your records.

PRINT