

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 submitting this form, 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 overaward occurs, the student is responsible for repaying the amount of the overaward to the federal accounts.

Please complete and return this form if any of these situations apply to you.

General Information *(please print)*

Last Name: _____

First Name: _____

Student ID Number: _____

Telephone Number: _____

Transfer of Financial Aid *(please print)*

I am transferring **from** another school : Name of **prior** school :

I have used financial aid at my prior school for the current academic year.

I have not used financial aid at my prior school for the current academic year.

I am transferring **to** another school: Name of **new** school:

Please remove my financial aid for the (circle all that apply) **Fall / Spring / Summer** semester(s).

Attending Another School *(please print)*

I am attending another school: Name of other school :

I am using financial aid at my other school for the (circle all that apply) **Fall / Spring / Summer** semester(s). Please remove my financial aid at CPCC.

I am **not** using financial aid **at my other school** for the (circle all that apply) **Fall / Spring / Summer** semester(s). **I have notified their financial aid office and have not been awarded aid at their school.**

I have an approved **consortium agreement** for the (circle one) **Fall / Spring / Summer** semester. Name of other school: _____

CPCC is the **HOME** school.

CPCC is the **HOST** school.

Change of Program *(please print)*

I have met with an advisor and changed my program of study:

Name of new program : _____

Name of old program : _____

This change is effective (date or semester) : _____

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.

Change of Enrollment (please print)

- I have dropped, withdrawn from or stopped attending the following course(s):
 Course Name and Section: _____ Date Dropped: _____
 Course Name and Section: _____ Date Dropped: _____
- I have added the following course(s):
 Course Name and Section: _____ Date of Add: _____
 Course Name and Section: _____ Date of Add: _____
- I have withdrawn 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: _____ Section Number: _____
 Course Name: _____ Section Number: _____
- I have received an "Incomplete" in the following course(s):
 Course Name and Section: _____
 Course Name and Section: _____
- I never attended (WN) the following course(s):
 Course Name: _____ Section Number: _____
 Course Name: _____ Section Number: _____

Residency Status (please print)

- My residency status has changed from out of state to in state because I have lived in NC for more than one year.
** Please visit the Admissions Office to have your residency status updated for tuition purposes.*
- My residency status has changed from in state to out of state because I have moved from NC to a different state.
** Please visit the Admissions Office to have your residency status updated for tuition purposes.*

Outside Aid (please print)

- I am receiving other aid (such as a scholarship, sponsorship, VA benefits, WIA, Vocational Rehabilitation or tuition assistance).
 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: \$ _____

Certification

By signing this form, I understand that I am reporting any changes that may reduce the amount of my financial aid award. I also understand that a change in enrollment due to withdraws and/or completely withdrawing from the College may affect my future eligibility.

Signature: _____ Date: _____

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*Financial Aid/Veteran's Affairs – Central Piedmont Community College – PO Box 35009 – Charlotte, NC 28235-5009
Telephone: (704) 330-6942 Fax: (704) 330-5053*

You may submit, fax or mail your documents to any of our six locations.