

**Student Information** *(Please Print)*

Student's Last Name	Student's First Name	Student's M.I.	Student's CPCC Student ID#
Student's Street Address (include apt. no.)			Student's CPCC Email Address
City	State	Zip Code	Student's Telephone # <i>(include area code)</i>

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

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 over-award occurs, the student is responsible for repaying the amount of the over-award to the federal accounts.

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

**Transfer of Financial Aid**

- 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 *(check all that apply)*    **Fall /    Spring /    Summer**  
semester(s).

**Attending Another College**

- I am attending another school: Name of other school :  
\_\_\_\_\_
- I am using financial aid at my other school for the *(check 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 *(check all that apply)* **Fall / Spring / Summer** semester(s). I have notified the other school's financial aid office and have not been awarded aid at the school.

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

CPEC is the **HOME** school.

CPEC is the **HOST** school.

### Change of Program

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 of semester)*: \_\_\_\_\_

### Change of Enrollment

I have dropped, withdrawn from or stopped attending the following course(s):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: \_\_\_\_\_

**Outside Aid**

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: \$ \_\_\_\_\_

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 and Signature**

**Please provide your signature. If you are a dependent student, please also provide one parent's signature whose information is listed on your FAFSA. By providing signature(s), you are certifying that all of the information on this form is complete and correct. You are also authorizing Central Piedmont Community College to make corrections to your original and/or subsequent applications based on the documents you are now submitting.**

<b>Student Signature:</b>	<b>Date:</b>
<b>Parent Signature (Dependent Students Only):</b>	<b>Date:</b>