



Continued Enrollment Agreement

I, _____, Student ID# _____, state that I am changing my classes that I have registered for the current term. I **will** be attending additional classes for the semester. I understand that my aid will be reduced based on enrollment status and fees assessed due to not completing the current semester.

I understand that if I do not complete the additional classes currently on my schedule, my Federal aid will be recalculated and possibly reduced by the completion of a Return to Title IV calculation. I further understand that any Institutional and/or State aid could be impacted.

Student signature

Date signed