



# 2022-2023 Enrollment Revision

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Submit this form to update your enrollment level before the quarterly census date (10th day of the quarter).  
Your financial aid will be adjusted to reflect your enrollment level indicated below.

**Please note that reducing your enrollment may reduce the amount of financial aid you will receive for the quarter. If your financial aid has already disbursed, changes to your enrollment may result in a bill owing on your student account. You will be notified by the BTC Business Office, should this occur.**

## Student Information

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
ctcLink ID

\_\_\_\_\_  
Previous Last Name (s)

\_\_\_\_\_  
Email Required (Email is the default communication method)

## Enrollment

**Please adjust my enrollment status for the following quarter(s):**

**Summer 2022:**    Full Time (12+ credits)    ¾ Time (9-11 credits)    ½ Time (6-8 credits)    Less Than ½ Time\*

**Fall 2022:**    Full Time (12+ credits)    ¾ Time (9-11 credits)    ½ Time (6-8 credits)    Less Than ½ Time\*

**Winter 2023:**    Full Time (12+ credits)    ¾ Time (9-11 credits)    ½ Time (6-8 credits)    Less Than ½ Time\*

**Spring 2023\*\*:**    Full Time (12+ credits)    ¾ Time (9-11 credits)    ½ Time (6-8 credits)    Less Than ½ Time\*

**Will not attend:**    Fall 2022

Winter 2023

Spring 2023

\*Students who enroll Less Than ½ Time are not eligible for Work Study or Direct Loans. If you are eligible for WA College Grant and/or College Bound Scholarship, these programs require a minimum enrollment of three credits.

\*\*If you receive a full-time Pell Grant in Summer, Fall and Winter quarters, you must take at least six aid-eligible credits to receive Pell Grant in Spring quarter.

### Self-payment for Coursework Not Required for Program

Your financial aid is based on the number of credits you are enrolled in that are required for your program. If you wish to take a non-required course, at your own expense, this course will not be included in your enrollment level for determining your financial aid eligibility. You must notify our office by completing this form prior to the disbursement of your aid for the quarter note above.

I choose to take the following class(es) at my own expense: \_\_\_\_\_

**Signature Certification Required: Please keep a copy of this document for your records.**

**By signing this form, I agree that the information provided is complete and correct.**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**EBH046**