

Enrollment Notification Form for Doctoral Students

Please complete this form to notify the Office of Financial Aid & Scholarships of your anticipated enrollment. This form will allow us to disburse your tuition waiver in a timely manner.

I, _____ will be enrolled in _____ graduate hours for
Name (Please Print) *ID#* *# of Hours*

the _____ semester.
Term (Fall, Spring, or Summer) & Year

Please initial each box to indicate you have read and understand the terms.

Before any tuition waiver can be applied to my account, I understand that my enrollment for the indicated semester must match the number of hours reported above.

I understand that if my anticipated enrollment changes, I must complete a new enrollment notification form and submit it to my department.

I understand that if I withdraw from a class after the free drop period for the semester indicated, I must notify my department of my enrollment change.

By signing below, I agree to the terms of notification regarding my tuition waiver. I understand that failure to comply with these terms will result in delayed processing of my tuition waiver.

Signature

Date

Due date: Fall semester – 3 weeks before 1st day of classes
 Spring semester – 4 weeks before 1st day of classes
 Summer semester – 3 weeks before 1st day of classes