



HONOLULU COMMUNITY COLLEGE - FINANCIAL AID OFFICE
874 Dillingham Boulevard - Honolulu HI 96817

CHANGE OF ENROLLMENT FORM

Print Student's Last name, First MI Social Security Number

My enrollment for _____ term is changing from _____ to _____ credits.

I understand that changing my enrollment status:

1. Requires that my financial aid be reprocessed;
2. My financial aid disbursement may be delayed;
3. I may lose my financial aid eligibility;
4. I may be asked to repay part or all of the financial aid that I received;
5. I may not meet the minimum financial aid satisfactory academic progress requirements to maintain financial aid eligibility for the following term; and
6. My loans may go into repayment if I am dropping below half-time status or completely withdraw from school.

Student's Signature

Date

Return this form to: Honolulu Community College - Financial Aid Office
874 Dillingham Blvd, Honolulu, HI 96817

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FOR FINANCIAL AID USE ONLY:

_____ Revised; no change required

_____ Revised; send new award letter to notify student of change(s).

_____ Student dropped below half-time status; must notify lender regarding change in separation date, cancel future disbursements (if any), and exit loan.

_____ Other: _____

FA Officer Initial

Date