

Change of Information

The Evergreen State College
Office of Financial Aid
Lib 1217 (360) 867- 6205

NAME: Last First MI ^A Student ID #

CONTACT INFORMATION: Address Phone
Address changes to the automated system must be made through Gateway or Registration and Records

I. CHANGES / ADDITIONAL INFORMATION & REQUESTS:

Use the back of this form for additional space

II. ENROLLMENT:

- For the [F] [W] [Sp] [Su] quarter of 201__, I will be enrolled in ____ credits per quarter.
(If 0, see WITHDRAWAL.)
- For the [F] [W] [Sp] [Su] quarter of 201__, I will be enrolled in ____ credits per quarter.

III. WITHDRAWAL: Enrolled in 0 credits.

- I want 100% of my financial aid returned to the funding sources. (I will pay any charges myself.)
- or
- I will have all of my instructors complete a Last Day of Attendance Memo (available from the Financial Aid Office).

Signature Date

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