Graduating Senior

Part-time Enrollment Form

Please complete this form if you plan to enroll in less than 12 hours during the semester in which you plan to graduate. This form MUST be signed by your Academic Dean and Academic Advisor prior to submission to the Financial Aid Office.

Name:_____________________________________________________

CWID:_____________________________________________________

The above names student is graduating in______________________ (term and year)

Semester and will be enrolled in only _________ hours during this semester, which are the remaining hours required for his or her degree.

*** I understand that my TOPS amount will be Pro-Rated to the amount of hours I am enrolled in this term and I will not receive 100% of my semester rate of TOPS. _________ (Initials) ***

Student Signature: ___________________________ Date:___________

Academic Dean Signature: ___________________________ Date:___________

Academic Advisor: ___________________________ Date:___________

Submit this form to the ULM Financial Aid Office:

ULM Financial Aid Office- Sandel Hall 115
700 University Avenue
Monroe, LA 71209

Questions should be directed to the ULM Financial Aid Office at 318-342-5320 or finaid@ulm.edu.