

RETURN TO FINANCIAL AID OFFICE:

2025-2026

CONFIRMATION OF INTENT TO RETURN



(FALA96)



(FCLA96)



(FFLA96)



(FSLA96)

STUDENT INFORMATION

Last Name

First Name

M.I.

Student ID#

I intend to return for the following semester:

☐ Fall 2025

☐ Spring 2026

☐ Summer 2026

☐ This form must be submitted to the Financial Aid Office at your Home College within the next 7 days.

Student initial: \_\_\_\_\_

By signing this form, I acknowledge:

☐ I withdrew from all classes in the semester indicated above at my Home College before completing at least one course.

AND

☐ I intend to return to complete a late start class this semester. i.e. second eight weeks, second five weeks, third five weeks, etc.).

If I do not return for the late starting class, my withdrawal date reverts to the original withdrawal date as previously noted. A calculation will be performed using the original withdrawal date to determine the amount of debt I will owe.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FINANCIAL AID OFFICE USE ONLY

ENROLLED: ☐ 2<sup>ND</sup> 8-WEEKS ☐ 2<sup>ND</sup> 5-WEEKS ☐ 3<sup>RD</sup> 5-WEEKS ☐ OTHER START DATE: \_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_