



Oxnard College Financial Aid Office

4000 S. Rose Avenue Oxnard, CA 93033
(805) 986-5828 ocfa@vccd.edu www.OxnardCollege.edu

20__-20__

Notification of Change of Enrollment Status

Name of Financial Aid Applicant *(Please print)*

_____ Student ID Number: _____

Last First Middle

Telephone #: _____ Email: _____

DEFINITION OF ENROLLMENT STATUS:

Full-Time = 12 + units ¾ Time = 9-11 ½ ½ Time = 6-8 ½ Less Than ½ Time = Under 6 units

FALL _____

SPRING _____

SUMMER _____

<input type="checkbox"/> Full time (12 + units) <input type="checkbox"/> ¾ time (9-11 ½ units) <input type="checkbox"/> Half time (6-8 ½ units) <input type="checkbox"/> Less than Half time (under 6 units) <input type="checkbox"/> Withdrawing (0 units) <input type="checkbox"/> Will not attend	<input type="checkbox"/> Full time (12 + units) <input type="checkbox"/> ¾ time (9-11 ½ units) <input type="checkbox"/> Half time (6-8 ½ units) <input type="checkbox"/> Less than Half time (under 6 units) <input type="checkbox"/> Withdrawing (0 units) <input type="checkbox"/> Will not attend	<input type="checkbox"/> Full time (12 + units) <input type="checkbox"/> ¾ time (9-11 ½ units) <input type="checkbox"/> Half time (6-8 ½ units) <input type="checkbox"/> Less than Half time (under 6 units) <input type="checkbox"/> Withdrawing (0 units) <input type="checkbox"/> Will not attend
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My reason for this change is:

NOTE: If you are dropping units and you have received a financial aid disbursement, you may have an "Unsatisfactory Academic Progress" problem. If you are completely withdrawing you may owe a refund. Please DISCUSS THIS MATTER with a staff member of the Financial Aid Office when you submit this form.

Student's Signature _____

Date _____

Office Use Only

Award adjusted per above enrollment status

Banner Units: _____

No adjustment made

Staff Signature _____ Date _____