



2017-18 Undergraduate Enrollment Worksheet for Independent Students

(for enrollment during Summer 2017, Fall 2017, and Spring 2018)

NAME: Last: _____ First: _____ M.I.: _____ Former (i.e. maiden): _____

BW Student ID: _____ Phone #: _____ Email: _____

GRADUATION: Expected Month: _____ Expected Year: _____ This is not the date you "walk" through the ceremony. This date should be when you will complete graduation requirements.

Tuition Assistance:

Yes, I will receive tuition assistance from my employer. No, I will not receive tuition assistance from my employer.

If yes, how much per semester? Summer 2017 \$ _____ Fall 2017 \$ _____ Spring 2018 \$ _____

In which program are you enrolled? (choose one of the following letters):

- a. Undergraduate student, degree-seeking
 2nd Bachelor's degree
- b. Undergraduate student, non-degree-seeking
- c. Bachelor of Science in Nursing (ABSN)
When will/did you start the program? _____
- d. Teaching License only
- e. Certificate program (non-degree seeking)
- f. Music Therapy Equivalency
- g. Pre-requisite courses for degree program

Please Note: Only private education loans are offered for music therapy, certificate programs, and pre-requisite courses.

Your eligibility for financial aid is determined by your academic program, number of semesters of attendance, and the number and type of credits you take at BW. Provide information for all semesters you expect to be enrolled.

Fill in each section below. Estimate credits if necessary. List BW Credits ONLY.*

Summer 2017:

Total Summer 2017 Credits: _____

OR

Not Enrolling Summer 2017

Fall 2017:

Total Fall 2017 Credits: _____

OR

Not Enrolling Fall 2017

Spring 2018:

Total Spring 2018 Credits: _____

OR

Not Enrolling Spring 2018

*ATTENTION CURRENT BW UNDERGRADUATE, DEGREE-SEEKING STUDENTS: If you take classes at another institution and intend to transfer those credits to BW, you are considered a TRANSIENT student. Please refer to the transient student information here: www.bw.edu/finaid/forms (Form 13)

I declare, understand, and acknowledge the following:
a) all information presented on this document is factually correct and honestly presented;
b) if my actual enrollment differs from what is declared on this document, my financial aid eligibility may change; and
c) if my actual enrollment plans vary from what is declared on this form, I will notify the Financial Aid Office as soon as possible.

Type or sign name: _____ Date: _____