

Teacher Intern Enrollment Form 2012-13

NOTE: Six credits per semester is the minimum enrollment for financial aid eligibility.

_____ Last Name	_____ First Name	_____ MI	_____ Social Security Number
_____ HOME Address - Street		_____ Email Address	
_____ City	_____ State	_____ Zip	
(_____)_____ HOME Phone	(_____)_____ Cell Phone	(_____)_____ Work Phone	
_____ Program of Study		_____ Month/Year you expect to complete your program	

FALL 2012. Please indicate below the courses in which you will enroll in the Fall of 2012 semester.

_____ Course Title	_____ Course#	_____ # Credits
_____ Course Title	_____ Course#	_____ # Credits
_____ Course Title	_____ Course#	_____ # Credits
_____ Course Title	_____ Course#	_____ # Credits

Total of credits for which you will enroll Fall 2012: _____

OFFICE OF FINANCIAL AID USE ONLY

Tuition _____
 Room _____
 Board _____
 Books _____
 Personal _____
 Trans _____

Cost

CONTINUED

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SPRING 2013. Please indicate below the courses in which you will enroll in the Spring of 2013 semester.

Course Title	Course#	# Credits

Total of credits for which you will enroll Spring 2013: _____

OFFICE OF FINANCIAL AID USE ONLY

Tuition _____

Room _____

Board _____

Books _____

Personal _____

Trans _____

Cost

Total COA

Student's Signature _____

Date _____

RETURN TO:
Office of Financial Aid
514 University Ave.
Selinsgrove, PA 17870