

Teacher Intern Enrollment Form 2019-20

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

| | | | |
|-----------------------|------------|------------|--|
| Last Name | First Name | MI | SU ID |
| 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 2019. Please indicate below the courses in which you will enroll in the Fall 2019 semester.

| | | |
|--------------|---------|-----------|
| Course Title | Course# | # Credits |
| | | |
| Course Title | Course# | # Credits |
| | | |
| Course Title | Course# | # Credits |
| | | |
| Course Title | Course# | # Credits |
| | | |

Total number of credits for which you will enroll Fall 2019: _____

OFFICE OF FINANCIAL AID USE ONLY

Tuition _____

Room _____

Board _____

Books _____

Personal _____

Trans _____

Cost

CONTINUED

Teacher Intern Enrollment Form 2019- 20

SPRING 2020. Please indicate below the courses in which you will enroll in the Spring 2020 semester.

| | | |
|--------------|---------|-----------|
| Course Title | Course# | # Credits |
| Course Title | Course# | # Credits |
| Course Title | Course# | # Credits |
| Course Title | Course# | # Credits |

Total number of credits for which you will enroll Spring 2020: _____

OFFICE OF FINANCIAL AID USE ONLY

Tuition _____

Room _____

Board _____

Books _____

Personal _____

Trans _____

Cost

Total COA

Student's Signature

Date

RETURN TO:
Student
Financial
Services
514 University Ave.
Selinsgrove, PA
17870