

## Teacher Intern Enrollment Form 2020-2021

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

_____	_____	_____	_____
Last Name	First Name	MI	7 Digit 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 2020. Please indicate below the courses in which you will enroll in the Fall 2020 semester.

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

Total number of credits for which you will enroll Fall 2020: \_\_\_\_\_

OFFICE OF FINANCIAL AID USE ONLY

Tuition \_\_\_\_\_

Room \_\_\_\_\_

Board \_\_\_\_\_

Books \_\_\_\_\_

Personal \_\_\_\_\_

Trans \_\_\_\_\_

Cost

CONTINUED

## Teacher Intern Enrollment Form 2020-2021

SPRING 2021. Please indicate below the courses in which you will enroll in the Spring 2021 semester.

Course Title \_\_\_\_\_ Course# \_\_\_\_\_ #of Credits \_\_\_\_\_

Course Title \_\_\_\_\_ Course# \_\_\_\_\_ # of Credits \_\_\_\_\_

Course Title \_\_\_\_\_ Course# \_\_\_\_\_ # of Credits \_\_\_\_\_

Course Title \_\_\_\_\_ Course# \_\_\_\_\_ # of Credits \_\_\_\_\_

Total number of credits for which you will enroll Spring 2021: \_\_\_\_\_

**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