

Teacher Intern Enrollment Form 2018-19

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 2018. Please indicate below the courses in which you will enroll in the Fall 2018 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 2018: _____

OFFICE OF FINANCIAL AID USE ONLY

Tuition _____

Room _____

Board _____

Books _____

Personal _____

Trans _____

Cost

CONTINUED

Teacher Intern Enrollment Form 2018-19

SPRING 2019. Please indicate below the courses in which you will enroll in the Spring 2019 semester.

Course Title	Course#	# Credits

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

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