

Graduating Senior

Part-time Enrollment Form

Please complete this form if you plan to enroll in less than 12 hours during the semester in which you plan to graduate. This form MUST be signed by your **Academic Dean and Academic Advisor** prior to submission to the Financial Aid Office.

Name: _____

CWID: _____

The above names student is graduating in _____ (term and year)

Semester and will be enrolled in only _____ hours during this semester, which are the remaining hours required for his or her degree.

*** I understand that my TOPS/Academic Scholarships amount will be Pro-Rated to the number of hours I am enrolled in this term and I will not receive 100% of my semester rate of TOPS/Academic Scholarships. _____ (Initials) ***

Student Signature: _____ Date: _____

Academic Dean Signature: _____ Date: _____

Academic Advisor: _____ Date: _____

For TOPS Submit this form to the ULM Financial Aid Office:

ULM Financial Aid Office- Sandel Hall 115
700 University Avenue
Monroe, LA 71209

For Academic Scholarships Submit this form to the ULM Scholarship Office:

ULM Scholarship Office- Sandel Hall 102
700 University Avenue
Monroe, LA 71209

**Questions should be directed to the ULM Financial Aid Office at
318-342-5320 or finaid@ulm.edu.**