



SPRING 2009
ENROLLMENT INTENT

Return completed form to:
Office of Student Financial Aid
Box 2328
Huntsville TX 77341-2328
936.294.1774 office
936.294.3668 fax

Student Name _____ SSN/SAM ID _____

Our office has received your request for financial assistance for the 2008-2009 academic year. Please complete the following sections regarding your anticipated enrollment status.

SECTION A: ENROLLMENT INTENTIONS

Do you plan to attend Sam Houston State University during the Spring 2009 term?

_____ YES _____ NO
If you answered YES, complete Sections B & C below.
If you answered NO, complete Section C ONLY.

SECTION B: FALL 2008 ENROLLMENT STATUS

_____ I HAVE NOT & WILL NOT attend any other University, Community College or post secondary institution during the Fall 2008 term.

_____ I AM attending, WILL attend or HAVE attended another University, Community College or post secondary institution during the Fall 2008 term.

Please list the University, Community College or other post secondary institution:

School Name

Location (City & State)

SECTION C: CERTIFICATION

By signing this Spring 2009 Enrollment Intent, I certify that all the above information is complete and correct. I acknowledge that I must cancel any Spring 2009 financial aid awarded at any other university, community college, or post secondary institution before I can be considered for financial aid at SHSU. I understand that I must be admitted for Spring 2009 in order to be awarded financial aid.

Student Signature

Date

OFFICE USE ONLY

_____ Previously awarded _____ Mid-year transfer _____ Remediation hours
_____ NSLDS and/or AdvanTG _____ C flag/F hold _____ Residency

Notes: _____

Signature: _____ Date: _____