# 2016-17 GRADUATE ENROLLMENT AND BENEFITS STATUS FORM

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Student ID#</th>
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## ENROLLMENT PLAN
Please indicate the year of the term and how many actual credit hours you plan to take each semester?

Fall 16 _________ credit hours  
Spring 17 _________ credit hours  
Summer 17 _________ credit hours  

(List actual number of hours, not credit hour ranges. After submitting this form, report enrollment changes using the Update Form.)

## GRADUATE ASSISTANCE
Have you been appointed to a graduate assistantship or fellowship position that qualifies for the Graduate Student Support Plan (GSSP)?  
Yes _________  
No _________

## ADDITIONAL FUNDING SOURCES
If you anticipate financial support during the terms noted above, please enter the name of the funding source, the term for which it will be received (fall, spring and/or summer), and the amount per term. Do not include student loans.

- **Fellowship:**  
  [Enter information]

- **Grant:**  
  [Enter information]

- **Scholarship:**  
  [Enter information]

- **Other:**  
  [Enter information]

- **Departmental Support (other than GSSP):**  
  [Enter information]

(i.e. you are not on the GSSP, but your department or another source will pay your tuition, fees, and/or health insurance)

## STUDENT ACKNOWLEDGEMENT
I acknowledge that it is my responsibility to notify the Office of Scholarships and Financial Aid via phone or email if I receive any new or increased financial support. I understand that my financial aid award may be revised and I may be required to repay financial aid funds already disbursed to me if there are financial support changes after this form is submitted to the OSFA.

________________________________________  
Student’s Signature  

________________________________________  
Date