Name: ________________________________
Student ID: ___________________________ Telephone #: __________________________
Were you enrolled in any College courses in the summer of 2014? Yes____ No_______
If yes, where were you enrolled? _________________________________________________

Please list the courses you intend to register for below. Please be aware that financial aid will be estimated based upon this information and any changes may affect financial aid eligibility.

APPLICATION PROCESSING—Processing and award notification will generally be completed within one week of submitting the application form. Award notification will be sent to your student email address and must be responded to via myframingham.

DISBURSEMENT INFORMATION—Disbursement will not occur until the completion of Add/Drop for all summer courses.

Course Name: _________________________________________________________________
Course Number: ________________ Credits: ___________ Session: _______________

Course Name: _________________________________________________________________
Course Number: ________________ Credits: ___________ Session: _______________

Course Name: _________________________________________________________________
Course Number: ________________ Credits: ___________ Session: _______________

Signature ___________________________ Date ________________

Framingham State University • McCarthy Center, 5th Floor • 100 State Street • Framingham, MA 01701
Phone: (508) 626-4534 • Fax: (508) 626-4598
www.framingham.edu/financialaid

For Internal Use Only:

Pell: _____Sub: _____ Unsub: _____
Award Letter Issued: _______ / _______ / _______
Initials: ______________