



**Student Information (Print Clearly):**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Telephone: \_\_\_\_\_

Select One:  1L  2L  MSL  LLM

**Type of Aid Requesting:**  Loans  Other: \_\_\_\_\_

**Enrollment Plans:**

*Note: You must be enrolled at least **half-time (3 units)** to receive Federal Loans. List the number of units you have registered or plan to register in for each summer session.*

**Summer Session:**  Session 1  Session 2  Full Summer Session

**Office Use Only:**

Course Name/Code	Enrollment Dates	Units

Review 1	Review 2	Review 3

**Certification Section**

This is to certify that the information submitted above is true and correct. I understand that any changes in plans for summer school attendance may result in the reduction or elimination of financial aid eligibility. I have also read and understand the eligibility requirements. I understand that if I have been offered loans I can request a revision to change or cancel the loan.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I agree that an electronic signature on this form is valid for all purposes as an original signature.*

**OFFICE USE ONLY**

Date: _____	Confirmed Eligible Units: _____		
Summer 2016: \$1200/unit \$4416/session	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; height: 150px; vertical-align: top;">Award Calculation Session: _____</td> <td style="width: 50%; height: 150px; vertical-align: top;">Award Calculation Session: _____</td> </tr> </table>	Award Calculation Session: _____	Award Calculation Session: _____
Award Calculation Session: _____	Award Calculation Session: _____		
Performed By: _____			