



2025-26 Enrollment Change Form

Submit this form in person or mail, by fax, or through Secure Form Upload
Clark College, Financial Aid Office, 1933 Fort Vancouver Way, Vancouver, WA 98663
[Secure Form Upload](#) • Fax (360)992-2864

Student Information:

ctcLink ID Number _____

Date of Birth _____

First Name _____

Last Name _____

Your initial financial aid offer is awarded based on an assumption that you will enroll full-time (12+ credits). If you plan to enroll in fewer than 12 credits for any term, you should submit this form to update your enrollment level. Your financial aid will be adjusted to reflect the number of credits indicated for each term.

Instructions:

Answer all questions in the Student Section, sign, and submit the completed form to the Financial Aid Office. If you do not notify us of your intent to enroll less than full time, your aid will automatically be adjusted after the 10th day of the term (8th day in summer term) and any disbursements or refunds may be delayed. This form will be returned if any portion is incomplete.

Please note the following:

- If your enrollment level does not match your award level in our system, it could create a delay in having funds applied to your student account and receiving your refund.
- If you make changes in your enrollment level after funds are disbursed, you may owe additional tuition and/or a repayment if you add or drop a class.

Student Section:

1. Are you graduating this school year (Summer 2025 – Spring 2026)?

☐ No ☐ Yes, which term _____

2. If you are enrolling less than full-time (12+ credits) for any term, please indicate the number of credits you will be taking in the chart below:

Term	Number of Credits Enrolled
Summer 2025	
Fall 2025	
Winter 2026	
Spring 2026	

If you are uncertain of your enrollment in future term(s), leave the field blank.

(Form continued next page)



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3. Are you cancelling enrollment for any terms?

- ☐ No
- ☐ Yes, I will not be attending for the following term(s) and understand that my aid for that term will be cancelled: ☐ Summer 25 ☐ Fall 25 ☐ Winter 26 ☐ Spring 26

Student Certification:

By signing and submitting this form, I certify that all information reported is true and correct. I understand that I am cancelling or changing my aid for the term(s) indicated.

Student Signature _____ Date _____

The college affirms a commitment to freedom from discrimination for all members of the college community. The responsibility for, and the protection of, this commitment extends to students, faculty, administration, staff, contractors, and those who develop or participate in college programs. It encompasses every aspect of employment and every student and community activity. The college expressly prohibits discrimination on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, citizenship, immigration status, or use of a trained guide dog or service animal. Harassment is a form of discrimination.

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