



2026-27 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 based on the assumption that you will enroll full-time (12+ credits). If you plan to enroll in fewer than 12 credits for any term, please complete and submit this form to report your expected enrollment level. Your financial aid grants and loans will be adjusted according to the number of credits you indicate for each term.

Instructions:

Please complete all questions in each section, sign the form, and submit it to the Financial Aid Office. Incomplete forms will be returned and may delay processing.

If you do not notify us of your intent to enroll less than full-time, your financial aid will be automatically adjusted after the 10th day of the term (8th day in summer term). This may result in delays to your disbursement or refund.

Please note the following:

- If your enrollment level does not match your award level in our system, it may delay funds being applied to your student account and the release of any refunds.
- If you change your enrollment level after funds are disbursed (such as adding or dropping a class), you may owe additional tuition and/or be required to repay a portion of your financial aid.

Student Section:

1. Are you graduating this school year (Summer 2026 – Spring 2027)?

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 2026	
Fall 2026	
Winter 2027	
Spring 2027	

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

(Form continued next page)

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 26 Fall 26 Winter 27 Spring 27

Student Certification:

By signing and submitting this form, I certify that all information reported is true and correct. I understand that I am adjusting or cancelling my aid for the term(s) indicated and that grants and loans will be adjusted based on the number of credits listed on the form.

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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