

W&M FINANCIAL AID

2024 - 25 Undergraduate Self-Reported Enrollment Plan

Name: W&M Student ID #:

This form is for reporting planned enrollment hours for 2024-25. You should only use this form if you are:

- Graduating in December
- Part-Time (*Flex track Student*) – Admitted as such or by approval through the Committee on Academic Status
- Spring Transfer
- Approved for an underload – by the Office of Undergraduate Academic Affairs

Your initial aid package will be determined based on the information you report on this form.
Should your actual enrollment change, your financial aid eligibility will be reassessed and adjusted accordingly.
This could result in you owing a balance due to W&M.

Confirmation of Enrollment

Confirm the following statements that are applicable to your enrollment plans.

- ☐ I am approved for Flex Enrollment and I am planning to enroll for the Fall and Spring semesters
- I will be enrolling in credit hours for the fall semester.
 - I will be enrolling in credit hours for the spring semester.
- ☐ I am going to graduate in December 2024 and complete my coursework in the fall semester.
- I will be enrolling in credit hours for the fall semester.
- ☐ I am a transfer student and will be enrolling for the spring 2025 semester only
- I will be enrolling in credit hours for the spring semester.
- ☐ I have been approved for an underload from the Office of Undergraduate Academic Affairs for the following semester(s):
- ☐ Fall Semester - my credit hours will be
- ☐ Spring Semester - my credit hours will be

Contact the financial aid office to discuss your underload plans to understand the potential impact to your financial aid eligibility.

Signature and Certification

- **I understand that if my enrollment plans change that I am responsible for notifying the financial aid office.**
This is an update to my original Enrollment Plan Worksheet that I have previously submitted.
- I understand that **I must be enrolled at least half time (6 credits) to receive financial aid.**
- I certify that all of the information provided on this form is true and accurate to the best of my knowledge.

Student Signature: _____ Date: _____

*Signature must be handwritten. Computer fonts are not acceptable.

Use one of the following methods to return this form	To Protect your data, we do not accept documents via e-mail attachment	
Online Upload (preferred)	https://www.wm.edu/financialaid/box	
Fax	757-221-2515	
Mail	Office of Student Financial Aid The College of William & Mary P.O. Box 8795 Williamsburg, VA 23187-8795	Office of Student Financial Aid The College of William & Mary Blow Memorial Hall, Room 124 262 Richmond Road Williamsburg, VA 23185