27FLEX Rvsd: 10/09/25



## 2026 - 2027 Undergraduate Self-Reported Enrollment Plan

Name:		W&M Student ID #:		
This form	is for reporting planned	enrollment hours for 2026 - 27. You should only use this form if you are:		
• Gr	aduating in December			
	rt-Time (Flex track Stud ring Transfer	ent) – Admitted as such or by approval through the Committee on Academic Status		
• Ap	proved for an underloa	d – by the Office of Undergraduate Academic Affairs		
• Re	porting a variation from	n anticipated graduation date and enrollment plan		
		ned based on the information you report on this form. Should your actual enrollment change, your reassessed and adjusted accordingly. This could result in you owing a balance due to W&M.		
Confirm	nation of Enrollmen	<b>t</b> Confirm the following statements that are applicable to your enrollment plans.		
☐ I am	approved for Flex Enr	ollment and I am planning to enroll for the Fall and Spring semesters		
	I will be enrolling i	credit hours for the fall semester.		
	I will be enrolling i	credit hours for the spring semester.		
│	going to graduate in D	ecember 2026 and complete my coursework in the fall semester.		
	I will be enrolling i			
☐ I am	<ul><li>a transfer student and</li><li>I will be enrolling i</li></ul>	will be enrolling for the spring 2027 semester only credit hours for the spring semester.		
	• •	n underload from the Office of Undergraduate Academic Affairs for the following of aid office to discuss your underload plans to understand the potential impact to your financial aid eligibility.		
	Fall Semester - my o	redit hours will be		
	Spring Semester - m	y credit hours will be		
│	n to have full time er	rollment (12+ credits) for both the fall and spring semesters.		
		tion date with the W&M Registrar's Office to ensure it accurately reflects your plans.		
Signatur	e and Certification			
•	I understand that if my er	rollment 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.				
		rmation provided on this form is true and accurate to the best of my knowledge. at I will register for are required to complete my W&M Degree.		
•	r certify that an courses th	at I will register for are required to complete my walki Degree.		
Student Signature:*Signature must be had		Date:		
	ne of the following s to return this form	To Protect your data, we do not accept documents via e-mail attachment		

Use one of the following methods to return this form	To Protect your data, we do r	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