

TO BE COMPLETED/INITIALED/SIGNED BY STUDENT:

I hereby request information regarding my enrollment for Records Department at my home campus,	or the semester to .	be sent to the Financial Aid Office/Student
I am enrolled in theprogram a courses I am taking at this school are required for my p approved these courses.		
I agree that I will provide NWTC with a copy of m number of credits.	y registration that includes the nam	es of the courses I am registered for and the
I understand that my financial aid will be process be deposited to my student account. Any amount due to the student	3	g .
I agree that I will provide a unofficial or official tradone prior to receiving any future financial aid at NWTC	•	/isiting College listed above. This must be
Student's Signature	Date	XXX-XX- Last four of SS#
This is to certify that as of today's date,semester, which commences on		
Tuition and Fees \$		Ç
Date Registered for Classes	-	
Signed by the Financial Aid Official at Visiting Campus:		
Signature:	_	
Printed Name:		
Email:		

to