

# Semester Continuation Form

\_\_\_\_\_  
Student's Legal First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Student's Last Name

Last 4 Digits of SSN: XXX-XX- \_\_\_\_\_ Student ID#: \_\_\_\_\_

## Chose only one:

- \_\_\_\_\_ I have withdrawn from my term 1 class(es) for the \_\_\_\_\_ semester but am currently shown as registered for term 2.
- \_\_\_\_\_ I have been withdrawn for non-attendance from my term 1 class(es) for (If you have questions about being withdrawn from your classes for non attendance or your term 2 registration please contact your campus.)
- \_\_\_\_\_

My current academic plan is to continue my enrollment for term 2(check one) \_\_\_\_\_ Yes \_\_\_\_\_ No

1. If I plan to continue my enrollment, I have been in touch with my campus and am aware of the start date for classes in term 2.
2. If I am not planning on returning, it is my responsibility to contact my campus to withdraw from the term 2 classes. If I do not withdraw, I am aware that I will be charged for these classes even if I don't begin attending.

\*\*Any changes to your schedule can affect your financial aid to prevent unexpected out of pocket expenses, please contact financial aid at (800)347-4878.

By signing this form, I am making my intentions known to the Financial Aid Office so they can process my aid accordingly.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return completed form by one of the methods below to secure your aid for the current semester:

**Mail:** Trine University  
1 University Ave  
Angola IN 46703

**Fax:** (260)665-4511

**Email:** [onlinefinaid@trine.edu](mailto:onlinefinaid@trine.edu)

**Upload:** Upload to <https://MyTrineFA.Trine.edu>