



**Financial Aid Office**

9601 Germantown Ave, Philadelphia, PA 19118

Phone: (215) 248-7182 / Fax: (215) 242-7705

finaid@chc.edu

**2021-2022 Intent to Enroll in Future Courses**

**SECTION A: STUDENT INFORMATION**

STUDENT NAME: \_\_\_\_\_ CHC ID #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street / Apartment) City/State/Zip

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Chestnut Hill College has received notification that you are no longer enrolled in an active course yet remain enrolled in at least one course scheduled to start later in the semester. As a recipient of a financial aid disbursement, you must provide confirmation of your intent for the remaining course (s).

- Instructions: 1) Complete Sections A and B below. Electronic or typed signatures will not be accepted.  
2) Return this Form to the Financial Aid Office

**Failure to submit this form within 10 business days of the date of this notification will result in a reduction or cancellation of your federal aid based on the withdrawal date from the first course(s).**

**Section A: Student Confirmation – Select Only One**

\_\_\_\_ I, confirm that **IDO** intend to remain enrolled and will complete the current term course(s) for which I am currently enrolled but have not yet started, or enroll in new courses to remain in attendance. I understand that if I do not complete the course(s), a Return of Title IV withdrawal calculation will be processed based on my last date of attendance, which may result in a cancellation of aid and charges due on my CHC account. If I never begin the course(s), the withdrawal will be processed based on my initial course withdrawal date.

\_\_\_\_ I, confirm that **IDO NOT** intend to remain enrolled in any courses this term and will withdraw from all remaining courses in this term immediately. I understand that a Return to Title IV (R2T4) withdrawal calculation will be processed based on the date I sign this form which may result in a reduction or cancellation of financial aid and charges due on my CHC account.

**Section B: Agreement and Understanding – Please Read Carefully**

*By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. I acknowledge that I have read and understand the information on this form. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that if I purposely give false or misleading information on this worksheet it may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment, or both, under provisions of the United State Criminal Code and disciplinary actions by Chestnut Hill College. If I have any questions or concerns, I will contact Chestnut Hill College (CHC) Financial Aid Office immediately. **Your documentation must contain an original signature. We cannot accept forms containing e-signatures, typed signatures, or e-pen.***

Student Signature: (original): \_\_\_\_\_ (required)

Student Name (print): \_\_\_\_\_ (required)

Date: \_\_\_\_\_ (required)

**Please submit via myCHC Doc Uploader, mail, fax, or in-person deliver your documentation to the Financial Aid Office. Do not email.**