



**MONTANA STATE UNIVERSITY  
NORTHERN**

**MSU-Northern  
P.O. Box 7751  
Havre, MT 59501  
Tel: (406) 265-3787  
Fax: (406) 265-3519  
Toll Free: 1-800-662-6132**

**2014-2015  
FINANCIAL AID OFFICE  
CREDIT HOUR CHANGE FORM**

\_\_\_\_\_  
Name

\_\_\_\_\_  
SS# / Banner ID

Previously, I informed the Financial Aid Office of the number of credits for which I would enroll each term during the 2014-2015 academic year. However, I am now requesting that the Office of Financial Aid adjust my financial aid based on the enrollment status listed below.

For ALL terms during the 2014-2015 academic year listed below, circle the number of credits for which you will be enrolled.

**Fall Term 2014**

""12 or more credits  
""9-11 credits  
""6-8 credits  
""1-5 credits  
""0 credits

**Spring Term 2015**

""12 or more credits  
""9-11 credits  
""6-8 credits  
""1-5 credits  
""0 credits

**Summer Term 2015**

""12 or more credits  
""9-11 credits  
""6-8 credits  
""1-5 credits  
""0 credits

By my signature below, I certify that I understand my financial aid will be based on my enrollment status at the end of the drop/add period each term and that the Office of Financial Aid will make any adjustments necessary based on the enrollment status.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date