2018-2019 OHSU Enrollment Plan Update

Use this form to report enrollment plans that differ from the standard enrollment plan for Summer 2018 through Spring 2019 for your degree/year in school. You can find the standard enrollment plan by level/year in school on the second and third pages of this form.

1. Student Name (please print): ___________________________ ___________________________

2. Student ID: ___________________________________________ ___________________________________________

3. Using the appropriate enrollment code as described below, please indicate your anticipated enrollment status for each term of the 2018-19 academic year. Enrollment status impacts the types and the amount of aid OHSU is able to offer.

<table>
<thead>
<tr>
<th>Enrollment Code/Status</th>
<th>Undergraduate</th>
<th>Grad/Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>FT</td>
<td>Full-Time. 12 or more credits</td>
<td>9 or more credits</td>
</tr>
<tr>
<td>¾</td>
<td>Three-Quarter Time. 9 to 11 credits</td>
<td>7 to 8 credits</td>
</tr>
<tr>
<td>½</td>
<td>Half-Time. 6 to 8 credits</td>
<td>5 to 6 credits</td>
</tr>
<tr>
<td>&lt;½</td>
<td>Less than Half-Time. 1 to 5 credits</td>
<td>1 to 4 credits</td>
</tr>
<tr>
<td>NE</td>
<td>Not enrolled</td>
<td>0 credits</td>
</tr>
</tbody>
</table>

*Summer 2018 _____  *Fall 2018 _____  *Winter 2019 _____  *Spring 2019 _____

4. Student Signature: ___________________________________________ Date: __________________

We are unable to accept typed signatures

*If OCNE undergraduate nursing student (not Accelerated Baccalaureate students), please indicate below the total number of credits you will be taking at OHSU and the total number of credits in required non-nursing credits that you will be taking each term at an eligible partner institution. Also indicate the name of the partner institution you will be enrolling at for the non-nursing courses.

**Summer 2018:** OHSU Credits: _____
Other School/Credits (name and number of credits)_________________________

*Note: If you are only taking only non-nursing courses in Summer 2018, you must attach documentation of the course subject and number, and CRN. Any aid awarded and disbursed will be based on the start and end dates of these courses.

**Fall 2018:** OHSU Credits: _____
Other School/Credits (name and number of credits)_________________________

**Winter 2019:** OHSU Credits: _____
Other School/Credits (name and number of credits)_________________________

**Spring 2019:** OHSU Credits: _____
Other School/Credits (name and number of credits)_________________________

Return completed form via one of the following:

- Mailing Address: OHSU Registrar and Financial Aid Office
  Mail Code L109
  3181 SW Sam Jackson Park Road
  Portland, OR  97239-3098

- Office Location/Fax/Email:
  Mackenzie Hall, Room 1120
  Fax:  503.494.4629
  Email: finaid@ohsu.edu

- Office Use: ENROLO Summer ___