

Name _____

SSN _____

Please complete and return if you plan to enroll at the College of DuPage.

Part One: My planned enrollment status at the College of DuPage is:

_____ Full-time (12 or more semester hours each semester)

_____ 3/4 time (9-11 semester hours each semester)

_____ 1/2 time (6-8 semester hours each semester)

_____ Less than half-time - **You must complete [Stafford Exit Loan Counseling](#)**

Part Two: Indicate the semester and year you plan to transfer/graduate from the College of DuPage:

_____ Semester _____ Year

I understand that prior to transferring and/or graduating from College of DuPage, I must complete Stafford Exit Loan Counseling. I must also complete Stafford Exit Loan Counseling whenever my enrollment is less than six (6) semester hours (1000 level or above and/or approved remedial classes). Please visit our website at www.cod.edu/fin_aid for more information.

Student Signature: _____

Date: _____