

REQUEST TO "SAVE" CLASS REGISTRATION

SPRING SEMESTER 2024-2025

Full Semester & Quick Term I

Please PRINT clearly:

LAST NAME _____ FIRST NAME _____

CCCC ID# _____

My financial aid is currently incomplete and/or has not been reviewed to verify that I am eligible to receive assistance to pay for my classes. This includes determining my eligibility for free college.

When my financial aid is complete and reviewed, it is possible that I may not qualify for assistance or that I may need to borrow a federal student loan to pay for my classes.

If I do not receive financial aid or a student loan, I will be fully responsible for payment of tuition and fees as soon as possible.

There are no refunds after Monday, January 27, 2025. I will be responsible for the full price of classes, even if I do not attend classes and even if I do not receive financial aid.

1. I accept responsibility for completing my financial aid application as promptly as possible.
Yes___ No___
2. I accept responsibility for paying my student bill in full if financial aid does not cover the charges.
Yes___ No___
3. I acknowledge that there is no refund available for tuition and fees after Monday, 01/27/25.
Yes___ No___

SIGNATURE: _____

DATE: _____