



BIOLA
UNIVERSITY
Financial Aid Office

2009-2010
Enrollment Plans Form

PURPOSE

The Enrollment Plans Form will be used to determine your Financial Aid Award. Inaccurate information will delay your registration process. Please notify the Financial Aid Office if there are any changes.

BASIC INFORMATION

Please use your full name (as it appears on your Social Security Card), Biola ID# (if known), Social Security Number, and complete permanent address.

Student Name _____ Biola ID# _____

Social Security # _____ Permanent Phone # (with area code) _____ Student's Email Address _____

Permanent Address (Include Apt. #) _____

City (& country if not in U.S.) _____ State _____ Zip Code _____

ENROLLMENT PLANS

FALL:

Enrollment: Full 3/4 1/2 < 1/2 Not Attending
Housing: On-Campus With Parents Off-Campus

Number of Units

	Full	3/4	1/2	< 1/2
Undergraduate	12+	9-11	6-8	1-5
Graduate	9+	7-8	5-6	1-4
Teaching Cred.	9+	7-8	5-6	1-4

SPRING:

Enrollment: Full 3/4 1/2 < 1/2 Not Attending
Housing: On-Campus With Parents Off-Campus

DEGREE PROGRAM: (choose all that apply):

- Undergraduate Graduate
- Teaching Credential Talbot Rosemead MBA MAED ICS MAT
- Internship Dissertation MOL MA Apol. MA Sci. & Rel.

Expected date of Biola graduation: _____

SIGNATURE I verify that the information on this form is true and complete.

Student Signature _____ (Required of all applicants) _____ Date _____