

On-line Only Course Enrollment

NAME		SID#
LAST	FIRST M.I.	
HOME PHONE # ()	ALTER	RNATE PHONE# ()
Complete IN BLACK I	NK and return this form to the G	rossmont College Financial Aid Office.
in another state without prior ap	proval from that state. As a resi	offering distance education to students residing ult, students who are enrolled entirely in on-line g that semester to be eligible for federal aid for
Students who are enrolled ent eligible for Financial Aid Disbu	-	who are residing in another state will not be ollege.
By signing and submitting this for California. <i>Faxed or Mailed for</i>	, , , , , , , , , , , , , , , , , , ,	reside, for the current semester, within
I	, SID#	, certify that I will be living in the
		(year). In addition, I will notify the
Grossmont College Financial Aid Student Signature	d Office of any out-of-state add:	Date
FOR FINANCIAL AID OFFICE USE OF	NLY	
	Approved	Denied
Financial Aid Advisor/Supervisor/Dire	otor Initials:	Date