

STATEMENT OF INTENTIONS

PROFESSIONAL STUDIES 2019/2020

TO BE CONSIDERED FOR AID, YOU MUST COMPLETE THIS FORM. YOU MUST ALSO MEET ALL CRITERIA LISTED BELOW. RETURN THIS FORM AS SOON AS POSSIBLE TO:

Student Financial Services, Thomas College,
180 West River Road, Waterville, ME 04901
 E-mail: sfsassistant@thomas.edu
 Fax: (207)859-1115

Student's Full Name	
Social Security Number (Last four digits)	
Degree Program	
Date Accepted into Program	
Expected Graduation Date	

	SUMMER II 2019	FALL 2019	SPRING 2020	SUMMER I 2020
How many courses will you be taking?				
How many of these courses will be during the day?				
How many courses will your employer pay for?				

The information provided above is accurate to date. If any of this information should change, I will notify Student Financial Services immediately. If I do not, I may lose part or all of my aid. I also agree to and/or understand the following:

- *I must be accepted into the degree program listed above to receive aid.
- *I have or will file the 2019/2020 Free Application for Federal Student Aid (FAFSA).
- *I have or will submit the Verification Form provided by Student Financial Services.
- *I will not be eligible for aid if I do not meet the Satisfactory Academic Progress requirements.

Student's Signature: _____ **Date:** _____