STATEMENT OF INTENTIONS GRADUATE 2023/2024

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

(Last four digits)

Degree Program

Social Security Number

Date Accepted into Program

Expected Graduation Date

	SUMMER II 2023	FALL 2023	FALL II 2023	SPRING 2024	SPRING II 2024	SUMMER 2024
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 provid will notify Student Final also agree to and/or will must be acce *I must complet receive a minim *I have or will fil *I have or will so will not be eligonery.	encial Services understand the properties into the detection of the application of the detection of the dete	immediatele following: legree progron processe g.p.a. of 3 24 Free Application Form	ram listed abound and complete .3. plication for F	I may lose pove to receive at least three ederal Student Fina	art or all of my e aid <u>or</u> e courses and nt Aid (FAFSA ancial Service	y aid. d A).
Student's Signature:				Date:		