



Statement of Intentions Graduate & Professional Studies 2027-2028

To be considered for financial aid, this form must be completed in full to verify your enrollment plans and certify all eligibility criteria has been met. Please return this form to:

Student Financial Services - Tomas College
180 West River Road
Waterville, ME 04901
SFS@Thomas.edu

Full, Legal Name: _____

Social Security Number: _____ - _____ - _____

Degree Program: _____

Date of Acceptance: _____

Expected Graduation Date: _____

	Summer II 2027	Fall I 2027	Fall II 2027	Spring I 2028	Spring II 2028	Summer I 2028
Number of Courses:						
Online or In-Person:						
*Employer Payments:						

* If no employer payments are expected, please leave blank.

By signing below, I certify the information provided above is accurate to date and I acknowledge the terms listed below. If any of this information should change, I will notify Student Financial Services immediately. Failure to notify Student Financial Services may result in losing part, or all, of my financial aid.

1. I must be accepted or conditionally accepted into the degree program listed above in order to receive aid.
2. I have filed, or will file, the 2027-2028 FAFSA (Free Application for Federal Student Aid).
3. I will not be eligible for financial aid if I do not maintain Satisfactory Academic Progress.

Signature: _____

Date: _____