

Change in Enrollment Update Form 2019–2020

STUDENT INFORMATION				
Last name	First name	NYIT ID		
All students are packaged for fina	ncial aid based on an anticipated full-time	enrollment.		
Use this form to update/revise you	ur Financial Assistance Plan based on a ch	ange in your enrollment.		
CHECK APPROPRIATE BOXES				
For the fall 2019 semester I wi	Il be enrolled in	credits.		
For the spring 2020 semester	I will be enrolled in	credits.		
Graduation date	(One semester loan may	(One semester loan may be pro-rated)		
INITIAL BOTH STATEMENTS B	ELOW			
I understand my finar	ncial aid package will be revised based on	the number of credits listed above.		
By submitting this for	rm I understand that some of the original fi	nancial aid offered may be adjusted and/o	no longer available.	
Name	Signature		Date	
			MM/DD/YYYY	
OFFICE OF FINANCIAL AID INF	ORMATION			
New York City Campus	Long Island Campus		Phone: 516.686.7680 or 212.261.1590	
16 West 61st Street	Northern Boulevard	Fax: 516.686.79	Fax: 516.686.7997 or 212.261.1501 Email: finaid@nyit.edu	
New York, NY 10023-7692	Old Westbury, NY 11568	0000		