# Semester Continuation Form

_____ _____ _____

Student's Legal First Name | Middle Initial | Student's Last Name

Last 4 Digits of SSN: **XXX-XX-**_____ Student ID#:_____

**Chose only one:**

- _____ I have withdrawn from my term 1 class(es) for the _____ semester but am currently shown as registered for term 2.
- _____ I have been withdrawn for non-attendance from my term 1 class(es) for the _____ semester but am currently shown as registered for term 2. (If you have questions about being withdrawn from your classes for non-attendance or your term 2 registration, please contact your campus.)

My current academic plan is to continue my enrollment for term 2 (check one): _____ Yes _____ No

1. If I plan to continue my enrollment, I have been in touch with my campus and am aware of the start date for classes in term 2.
2. If I am not planning on returning, it is my responsibility to contact my campus to withdraw from the term 2 classes. If I do not withdraw, I am aware that I will be charged for these classes even if I don't begin attending.

**Any changes to your course schedule can affect your financial aid. To prevent unexpected out of pocket expenses, please contact the Financial Aid Office.

By signing this form, I am making my intentions known to the Financial Aid Office so they can process my aid accordingly.

_____ _____

Signature | Date

Return completed form by one of the methods below to secure your aid for the current semester:

**Return to:**

Trine University
Financial Aid Office
1 University Ave
Angola, IN 46703

**Main Campus**
800-347-4878
260-665-4511 fax

**TrineOnline - CGPS**
877-294-4878
260-665-4511 fax