

Teacher Intern Enrollment Form 2024-2025

NOTE: Six credits per semester is the minimum enrollment for financial aid eligibility.

Last Name First Name MI 7 Digit SU ID #

HOME Address - Street / Email Address

City State Zip

Home Phone Cell Phone Work Phone

Program of Study Month/Year you expect to complete your program

FALL 2024. Please indicate below the courses in which you will enroll in the Fall 2024 semester.

Course Title Course# #of Credits

Course Title Course# # of Credits

Course Title Course# # of Credits

Course Title Course# # of Credits

Total number of credits for which you will enroll Fall 2024: _____

OFFICE OF FINANCIAL AID USE ONLY

Tuition _____

Room _____

Board _____

Books _____

Personal _____

Trans _____

Cost

CONTINUED

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SPRING 2025. Please indicate below the courses in which you will enroll in the Spring 2025 semester.

Course Title _____ Course# _____ #of Credits _____

Course Title _____ Course# _____ # of Credits _____

Course Title _____ Course# _____ # of Credits _____

Course Title _____ Course# _____ # of Credits _____

Total number of credits for which you will enroll Spring 2025: _____

OFFICE OF FINANCIAL AID USE ONLY

Tuition _____

Room _____

Board _____

Books _____

Personal _____

Trans _____

Cost

Total COA

Student's Signature _____

Date _____

RETURN TO:
Student Financial Services
514 University Ave.
Selinsgrove, PA 17870