 HIGHLAND COMMUNITY COLLEGE

2023-2024 Financial Aid Request for Ineligible Classes

Student Information

_____   _____
Last Name   First Name   MI   Student ID

_____   _____   _____
Date of Birth   Telephone Number   E-Mail Address

Class for which you are requesting aid: _____

Please check and complete one of the following statements:

___ My intent at HCC is to earn an Associate in Arts degree in the following major: _____

___ My intent at HCC is to earn an Applied Science degree in the following major: _____

___ My intent at HCC is to earn a degree or certificate in the following program:

_____

___ My intent at HCC is to transfer to another college or university and earn a degree in the following

major: _____

Please attach information for the program of study you are entering.

___ My intent at HCC is <u>not</u> to earn a degree or complete a program.

Semester/Year Attending HCC_____

Student Signature_____   Date_____
Signature must be handwritten; digital signatures not accepted.

Warning: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail or both.