

Statement of Understanding 2016-2017

Student Name: _____ ID#: _____

In order to receive Federal and some State funds at CCCUA, a student must comply with several guidelines in order to receive these funds. **Review the following and initial each statement:**

I am enrolling in the following program at CCCUA (Check the program that applies)

<u>Transfer Associate Degree:</u>	<u>Transfer Associate Degree Continued:</u>	<u>Associate of Applied Science Degree:</u>	<u>Technical Certificate:</u>
<input type="checkbox"/> Associate of Arts <input type="checkbox"/> Associate of General Studies <input type="checkbox"/> Associate of Science in Business <input type="checkbox"/> Associate of Science in Criminal Justice <input type="checkbox"/> Associate of Science in Psychology <input type="checkbox"/> Associate of Science in Medical Sciences	<input type="checkbox"/> Associate of Science in Physical Ed., wellness, and Leisure <input type="checkbox"/> Associate of Science K-6 <input type="checkbox"/> Associate of Science 4- 8 <input type="checkbox"/> Associate of Science STEM <input type="checkbox"/> Associate of Science Agriculture -choose <u>one</u> of the five tracks <input type="checkbox"/> Agri-Business <input type="checkbox"/> Agri-Education <input type="checkbox"/> Agri-Science	<input type="checkbox"/> Accounting <input type="checkbox"/> Administrative Assistant <input type="checkbox"/> Business Management <input type="checkbox"/> General Technology <input type="checkbox"/> Registered Nursing-RN <input type="checkbox"/> LPN transition to RN (PNRN) <input type="checkbox"/> Occupational Therapy Asst.	<input type="checkbox"/> Agriculture <input type="checkbox"/> Automotive Service Technology <input type="checkbox"/> Collision Repair <input type="checkbox"/> Computerized Accounting <input type="checkbox"/> Cosmetology* <input type="checkbox"/> Health Professions <input type="checkbox"/> Industrial Technology <input type="checkbox"/> Licensed Practical Nursing-LPN <input type="checkbox"/> Pipe Welding <input type="checkbox"/> Radio Broadcasting <input type="checkbox"/> Secretarial/Word Processing <input type="checkbox"/> Welding <input type="checkbox"/> Medical Assisting <input type="checkbox"/> Industrial Electricity

_____ I understand that I must take classes that are required for my degree plan at CCCUA. If I choose to take classes that are not in my degree plan, I understand that I will have to pay for these courses using my own resources.

_____ I understand that my Federal and State financial aid is awarded at fulltime status when I am first notified by the Financial Aid Office. If I am not enrolled fulltime, this amount will be adjusted to the entitlement set by the Department of Education or Arkansas Department of Higher Education (ADHE). Fulltime status for Federal funds is 12 credit hours per semester. Fulltime status for ADHE is 15 credit hours per semester.

_____ I understand that if I withdrawal from classes CCCUA may have to return a portion or all of my Federal funds back to the Department of Education. I understand that the amount returned could result in a balance due at CCCUA.

_____ I certify that I am not incarcerated.

_____ I understand that the lifetime eligibility for Federal Pell grant funds is 12 semesters. This indicates that I will only have 6 years (at fulltime status) to complete my degree up to a bachelor's program. I will only be allowed to use 6 semesters (3 years) at CCCUA of Federal Pell grant funds. After my 6 semesters have been used, I understand that I will not be eligible for Federal Pell grant funds thereafter.

_____ I have in no way been persuaded to pursue a degree at CCCUA by the Financial Aid staff or other staff members.

_____ It is my responsibility to follow up with the Financial Aid Office to discuss financial aid ramifications if I decide to drop or withdrawal from a class.

Student Signature

Date