



UNIVERSITY OF ALASKA FAIRBANKS
FINANCIAL AID OFFICE
107 EIELSON BUILDING, PO BOX 756360
FAIRBANKS, AK 99775-6360
(907) 474-7256 or 1-888-474-7256
uaf-financialaid@alaska.edu

FA SUMMER

NOTICE OF SUMMER ENROLLMENT

Name _____

Student ID _____

I will be enrolling in _____ credits in the _____ summer semester
(year)
and would like my financial aid budget to reflect summer enrollment.

Signature _____ Date _____

NOTE: Please verify with the Financial Aid Office that you have remaining eligibility for financial aid (grants/loans) before submitting this form.

Completing this form does NOT guarantee aid for the summer semester.