



OFFICE OF FINANCIAL AID
PHONE: (845) 257-3250
FAX: (845) 257-3568
www.newpaltz.edu/financialaid

2016-2017 PART-TIME ENROLLMENT FORM

Submit this form to the Financial Aid Office if you will be enrolled
for less than 12 credits in Fall 2016 or Spring 2017.

Student's Name: _____

Student ID Number: _____

Email Address: _____ Phone Number: _____

How many credits will you be registered for in Fall 2016: _____

How many credits will you be registered for in Spring 2017: _____

Student Signature: _____ Date: _____

Fax: (845) 257-3568
Email: fao@newpaltz.edu
Submit on campus: HAB 603
Mailing Address: Financial Aid Office, 200 Hawk Drive, New Paltz NY 12561-2437