Change in Enrollment Update Form 2023–2024

NEW YORK INSTITUTE OF TECHNOLOGY

STUDENT INFORMATION				
Last name	First name		Student ID	
All students are packaged for financ	ial aid based on anticipated fu	ll-time enrollment.		
Use this form to update/revise your	Financial Assistance Plan bas	ed on a change in your enrol	lment.	
CHECK APPROPRIATE BOXES				
For the fall 2023 semester, I will	be enrolled in	credits.		
For the spring 2024 semester, I v	vill be enrolled in	credits.		
Graduation date	(One-semester	(One-semester loans may be pro-rated).		
INITIAL BOTH STATEMENTS BELOW				
l understand my financ	ial aid package will be revised	based on the number of cre	dits listed above.	
By submitting this form	n, I understand that some of th	e original financial aid offere	d may be adjusted and/or no longer available.	
Student's Name	Signature		Date	
			MM/DD/YYYY	
PLEASE RETURN THIS FORM TO TH	E OFFICE OF FINANCIAL AID			
			Phone: 516.686.7680 or 212.261.1590	
New York City Campus	Long Island Ca	impus	Fax: 516.686.7997 or 212.261.1501	
16 West 61st Street	Northern Boul	evard, P.O. Box 8000	Email: finaid@nyit.edu	

New York, NY 10023-7692

Old Westbury, N.Y. 11568-8000

Financial Aid Secure Submission Form: nyit.edu/finaidsecureid