## Change in Enrollment Update Form 2024-2025

## **NEW YORK INSTITUTE** OF **TECHNOLOGY**

STUDENT INFORMATION				
Last name	First name		Student ID	
All students are packaged for finance	cial aid based on anticipated fu	ıll-time enrollment.		
Use this form to update/revise your	Financial Assistance Plan bas	ed on a change in your enro	llment.	
CHECK APPROPRIATE BOXES				
For the fall 2024 semester, I will be enrolled in credits.				
For the spring 2025 semester, I will be enrolled in		credits.		
Conduction data	(0	- L		
Graduation date	(Une-semeste	r loans may be pro-rated).		
INITIAL BOTH STATEMENTS BELOW	,			
	ial aid package will be revised	based on the number of cre	edits listed above.	
By submitting this form	n, I understand that some of th	e original financial aid offer	ed may be adjusted and/or no longer available.	
Student's Name	Signature		Date	
			MM/DD/YY	ΥY
PLEASE RETURN THIS FORM TO TH	IE OFFICE OF FINANCIAL AID			
			<b>Phone:</b> 516.686.7680 or 212.261.1590	
New York City Campus	Long Island C	•	Fax: 516.686.7997 or 212.261.1501	
16 West 61st Street		evard, P.O. Box 8000	Email: finaid@nyit.edu	
New York, NY 10023-7692	Uld Westbury,	N.Y. 11568-8000	Financial Aid Secure Submission Form: nyit.edu/finaidsecureid	