DATE:

INTENT TO ENROLL FOR SUMMER 2026

NAME:

Degree:

Please check the degree you are seeking

☐ Associate of Arts
☐ Associate of Business Administration
☐ Bachelor of Arts
☐ Bachelor of Business Administration
☐ Master of Arts
☐ Master of Business Administration
☐ Master of Divinity
☐ Master of Divinity/MBA
☐ Doctor of Ministry
☐ Doctor of Philosophy

NUMBER OF CREDITS FOR SUMMER ENROLLMENT:

SUMMER _____ credits

- ✓ I acknowledge that I have submitted this document prior to Drop/Add. I must notify the Financial Aid Office immediately via email of any changes that are made regarding my summer enrollment._____
- ✓ I acknowledge that I will check my email and Financial Aid portal for all updates regarding my summer enrollment _____
- ✓ I understand if I enroll in more or less classes than described on this documents or change my intended degree program this can affect my awarding status and Financial Aid_____

Signature:_____