

Student Signature

UHCL ID	

UHCL - Office of Financial Aid Confirmation of Future Attendance – Spring 2024

According to our records, you have changed your enrollment status for the Spring 2024 term. You may be subject to a Return of Title IV Funds, which may create a balance on your account. You must provide written confirmation, on the intended amount of credit hours for your Spring session(s), beginning no later than 45 days after you changed your original enrollment. Please complete and read the following carefully.

Spring Session Start and End Dates Regular 1/16/24 - 5/6/24 8 Week Session 1 1/16/24 – 3/9/24 8 Week Session 2 3/18/24 - 5/11/24 A. Student Information Last Name First Name MI **UHCL ID UHCL Email Address** Phone Number **B. Confirmation of Future Attendance** Complete the chart with course information that you will be attending during Spring 2024 term. **Course Description Session Start Date Hours Spring Session** EXAMPLE: MKTG 3031 3 8 Week 1 January 16, 2024 You are receiving this letter to confirm enrollment for Spring courses, due to a change in your enrollment. Please initial next to your intended enrollment. I am enrolled in and will attend the courses listed in the chart above. I understand that if I change any courses listed above, I must notify the Office of Financial Aid immediately, and prior to the start of the courses listed above. I understand that if I do not attend the courses listed above, I will be subject to Return of Title IV Funds, and may owe a balance to the University of Houston - Clear Lake. I understand that this form must be submitted to the Office of Financial Aid no later than 2 business days after I stopped attending Spring courses, and before the start of the courses listed above. If I miss this deadline, I may be subject to Return of Title IV Funds, and may owe a balance to the University of Houston - Clear Lake. I am **NOT** enrolled and **will NOT attend** courses during the Spring 2024 Semester. C. Certification and Signatures By signing this worksheet, I have read and understand the statements above and certify that all the information reported on this worksheet is complete and correct. I understand that the Office of Financial Aid reserves the right to request additional information as needed. WARNING: If you purposefully give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the University correct information about you that is incorrect.

Date