

# **2024-25 REGIONAL CAMPUS ACADEMIC YEAR FINANCIAL AID APPLICATION**

Complete this form if you are seeking a degree from Purdue West Lafayette but plan to enroll at a Regional Purdue Campus on a temporary basis for a semester(s) during the 2024-2025 Academic Year.

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Purdue ID Number	Email	Phone

**Check which Regional Campus you will be attending for 2024-2025:**

- PNW - Westville     Purdue at Fort Wayne (PFW)     PNW - Hammond

**Check which semester you will be attending the selected Regional Campus:**

- Fall 2024     Spring 2025

**Check which semester you will be attending/returning to Purdue West Lafayette Campus:**

- Fall 2024     Spring 2025

**Attach a printout of your 2024-25 enrollment registration from your Regional Campus of attendance (preferred)  
OR  
Complete the information below**

<b># of Hours</b>	<b>Course Name</b>	<b>Campus</b>	<b>Class start/end dates</b>

**If at any point during the semester you drop hours after aid is disbursed, your financial aid will be adjusted which could create a bill.**

**Additional information that may apply to your 2024-25 enrollment– check box if the answer is YES:**

- I have used CVO/CDV/Child of Disabled Veteran Fee remission previously. However, I understand I must apply for this fee remission through my selected Regional Campus along with my 2023-24 and 2024-25 FAFSA.
- I will receive an employee-related FEE REMISSION. I understand that I must apply separately for this through the selected Regional Campus.

**\*Meet with your PWL Academic Advisor to ensure that the courses you are taking at the selected Regional Campus will count towards your PWL degree. By signing this form, the advisor confirms the Regional Campus courses listed will count towards your degree objective.\***

**By signing this document, I understand I am required to pay the host school for my tuition/fees from the Federal financial aid that is refunded to me from Purdue West Lafayette. I understand that I must inform both campus aid offices of any withdrawals from any of my classes or changes to the classes indicated with this form.**

_____	_____
Student Signature / Print	Date
_____	_____
Academic Advisor Signature / Print	Date