

FINANCIAL AID AND SCHOLARSHIPS
UNIVERSITY of CALIFORNIA • IRVINE

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Form must be uploaded to: uci.studentforms.com

2024 Summer Status Form

Name: _____ (_____) _____
Last First UCI ID Number Cell/Contact Phone Number

SECTION 1 – No Longer Attending Summer or Changing Summer Plans:

I will not be/no longer be attending Summer 2024. I will be dropping **ALL** my units for **ALL** sessions with the SUMMER SESSION OFFICE.

Please check this box if you are withdrawing from Summer Session II because you have now satisfied your graduation requirements by completing units in Session I and/or Session 10-week.

Sign and date the bottom of this form.

I will be dropping all units for Summer Session I and/or 10-week, but I am enrolled or plan on enrolling in Summer Session II. **Complete SECTION 2**, then sign and date the bottom of this form.

I have changes in my summer enrollment. **Complete SECTION 2**, then sign and date the bottom of this form.

(ALL UNITS MUST BE DROPPED AT THE SUMMER SESSION OFFICE)

SECTION 2 - My Attendance Plans *(List total units for each session):*

Summer Session	Dates	Attending this session? <i>(check each box)</i>	Total Number of Units	Of this Total, Number of Research/Independent Study Units 198/199/299
Session I	June 24 – August 1	<input type="checkbox"/>		
10-Week	June 24 – August 30	<input type="checkbox"/>		
Session II	August 5 – September 11	<input type="checkbox"/>		

SECTION 3 - Disbursement Change:

- I would like all of my summer financial aid funds disbursed at the beginning of summer I/10-week.
- I understand I will not receive additional funds at the beginning of summer session II.
 - I understand that if I fail to attend one or more of the summer session II classes I was scheduled to attend, I may be billed for part or all of the summer session II funds I was disbursed.

SIGN AND DATE: I understand that any changes in enrollment, including dropping units or changing sessions, may result in being billed for funds received. I understand that if I withdraw from all Summer Session classes, I will be billed for the financial aid I received.

Signature _____ Date _____

FOR OFFICE USE ONLY:

FORM # _____

Revised 2/05/2024