



Fairfield University
Office of Financial Aid

Financial Aid Registration Authorization Form

PROCESSING INSTRUCTIONS *(office use only)*

Student Waiting (same day) _____ **Financial Aid Counselor Review** (1-2 days) _____
Requirements (circle): RRAAREQ **DLENT** = S or R **DLMPN** = S or R
Award Decision (check if A): RPAAWRD _____ **Enrollment** (# credits): ROAENRL _____

STUDENT: Please complete this section and return to the Office of Financial Aid 48-72 hours prior to registration.

Name (last, first- print): _____ **Fairfield ID#:** _____

Phone: _____ - _____ - _____ **E-mail:** _____@_____

Academic Year: 20 _____ -- 20 _____ **Degree Program:** _____

Number of credits: _____ **Federal loan eligibility requires enrollment of at least six credits*

Student Signature _____ **Date** _____

OFFICE OF FINANCIAL AID: To be completed by a financial aid administrator when aid eligibility is approved.

Loan Period: Fall _____ Spring _____ Full Year _____ **Federal Grants:** \$ _____

Federal Loans: Direct \$ _____ **PLUS \$:** _____

Alternative Loan \$ _____ **Lender Name** _____

Financial Aid Official Signature _____ **Date** _____

OFFICE OF THE BURSAR: To be completed by a Bursar's Office administrator and submitted to the Registrar's Office for final approval and registration.

Please allow the student named above to register for (#) _____ credits in the _____ semester, provided the following actions are satisfied **by the student**:

1. SUBMIT a payment of \$ _____ PLUS FEES at the time of registration, AND
2. SIGN a Promissory Note with the Office of the University Registrar for the outstanding balance payable on _____ (no promissory note fee required).

Bursar Official Signature _____ **Date** _____