

**Hill College Data Form 2017-2018**

**\*\*THIS FORM MUST BE COMPLETE\*\***

**Campus Attending:**  Hillsboro  Cleburne  Burleson  Glen Rose  Online

**Semesters Attending:**  Fall  Spring  Summer

Associate Degree  Certificate Program Major \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

**Are you planning to enroll in one of the following clock hour programs during the 17-18 school year?**

**Cosmetology Operator, Instructor, Nail Technology or Esthetician**— If yes please initial the box:

**If yes, please be aware that clock hour programs could affect the amount of your Title IV grants and loans. It is the students responsibility to discuss clock hour programs with Enrollment Management and the program instructor.**

**Student Responsibility**

It is the student’s responsibility to review the Hill College catalog sections referring to: Return of Title IV Funds, Deadlines, Satisfactory Academic Progress Standards (SAP). MyRebel and Hill College student email accounts should be reviewed at the end of the Fall, Spring, and Summer semesters to determine your Financial Aid Satisfactory Academic Progress (SAP). As a reminder, Financial Aid satisfactory progress and Academic satisfactory progress are not the same. It is also your responsibility to log in to your Hill College student email account and to check it often as this is the way Hill College will correspond with you. Your signature at the bottom of this form indicates that you have read and understand your responsibilities.

**Authorization for Special Charges**

Federal regulations will not allow charges to your financial aid account for tuition, fees, dormitory, room and board charges, bookstore charges or any other educationally related cost without your prior approval. Your authorization below will allow educationally related charges to be deducted from your financial aid account. You may contact the financial aid office any time to modify or cancel this authorization.

**Your signature on this form AUTHORIZES Hill College to credit services to your Financial Aid Account. Any changes to this authorization must be made in person in the Financial Aid office.**

Student name (Printed) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Signature \_\_\_\_\_ SSN or ID: \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Date \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

*Hill College is committed to the principle of equal opportunity in education and employment. The college does not discriminate against individuals on the basis of age, race, color, religion, sex, national origin, disability, genetic information, or veteran status in the administration of its educational programs, activities, or employment policies.*

FOR OFFICE USE ONLY	Is there a FERPA release on file? YES or NO	Is it current? YES or NO	If yes name and relationship to student.