



**SIMMONS COLLEGE STUDENT INFORMATION FORM 2016-2017**  
**ONLINE PROGRAMS – MBA, HEALTH CARE MBA, PUBLIC HEALTH**  
**APPLIED BEHAVIORAL ANALYSIS (ABA), STRATEGIC COMMUNICATIONS**

Name: \_\_\_\_\_ Simmons ID (if known): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. # City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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**ENROLLMENT PLANS**

Enter the exact number of credits you plan on taking each term.  
If you are unsure, you can review the course sequence on your program's website.

<b>TERM</b>	<b>EXACT NUMBER OF CREDITS (enter 0 if not attending)</b>
JULY 2016	
OCTOBER 2016	
JANUARY 2017	
APRIL 2017	

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**WILL YOU RECEIVE A SCHOLARSHIP, GRANT, OR BENEFIT FROM AN EXTERNAL AGENCY?**

External Assistance \$ \_\_\_\_\_ Source \_\_\_\_\_

External Assistance \$ \_\_\_\_\_ Source \_\_\_\_\_

If you receive a scholarship, grant, or military benefit from any source outside of Simmons College, you are required to notify Student Financial Services by submitting a copy of the letter or certificate from the agency.

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## OUR POLICIES

You must be enrolled at least half-time and admitted to a degree-seeking program in order to qualify for federal aid. If you enroll less than half-time or are not admitted to a degree-seeking program, you are not eligible for most types of financial aid.

**HALF-TIME** is defined as registering in a minimum of 5 credits in a term.  
You may not combine credits from different terms to arrive at half-time status.

**LOAN DISBURSEMENTS** occur in Week 4 of each term.

You will receive an email from [sfs@simmons.edu](mailto:sfs@simmons.edu) notifying you when the loans have disbursed. If you are due a refund, it will be mailed to your billing address within 10 (ten) business days of the disbursement date.

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## SIGNATURE AND CERTIFICATION – PLEASE READ THIS SECTION CAREFULLY

**NOTE THAT YOUR INTENDED COURSE TRACK WILL BE USED TO DETERMINE YOUR ELIGIBILITY FOR FINANCIAL AID. IF YOUR PLANS CHANGE, NOTIFY STUDENT FINANCIAL SERVICES IN WRITING AS IT MAY IMPACT YOUR ELIGIBILITY.**

- I understand that by signing this form that all information provided is complete and correct to the best of my knowledge.
- I understand that reporting incorrect or inaccurate information on this form may result in a change to my financial aid award.
- I understand that the omission of any information on this form may result in a delay in the receipt of my financial aid award.
- I understand that by signing this form, I authorize Simmons College to release my financial and/or academic information to outside agencies for the purpose of processing any benefit I may receive from those agencies.
- I understand that in order to be awarded financial aid, I must submit a FAFSA (Free Application Federal Student Aid) in addition to this form. The FAFSA can be completed at [fafsa.ed.gov](https://fafsa.ed.gov).
- I understand that if there is any change in the information provided on this form I must notify the Student Financial Services Office in writing and that my financial aid award may be revised.
- I understand that if I do not notify Student Financial Services of changes to my enrollment, my actual enrollment will be reviewed at the end of the add/drop registration period and my financial aid will be adjusted at that time, if necessary.
- I understand that I may be asked to supply additional information (e.g., Federal Income Tax Returns and W-2's) to complete my financial aid file and that I cannot receive financial aid without a complete application.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_