



Center for Student Financial Planning and Services
99 Main Street
Franklin MA, 02038
P. 508-541-1518
F. 508-541-1941
sfp@dean.edu

2026-2027 PART TIME STUDENT-FINANCIAL AID APPLICATION

(must file FAFSA prior to completing form)

Student's Information:

Last Name	First Name	Dean College ID #
Phone Number	Email Address	Expected Graduation Date

Please Note: Part Time students must be enrolled in at least 6 credits (½-time) per semester to receive Federal Direct Loan(s). Preliminary Financial Aid is awarded based on this self-reported information. Changes to your enrollment plans may affect your award. It is your responsibility to notify the Financial Aid Office of changes to your enrollment plans. Courses towards a Certificate program are not eligible for Financial Aid.

Please indicate the number of credits you plan to take each quarter and/or semester

Anticipated Number of credits per term

SUMMER

FALL

SPRING

If you do not plan to enroll in a quarter or semester, please indicate N/A

PART TIME CREDITS			
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I understand that I must notify the Financial Aid Office in writing if I (the student) withdraw from the college, reduce or add credits that change my status during the school year. I understand that Financial Aid will be initially awarded based on my intended plans but would be adjusted and disbursed based on actual enrollment. I understand that unsatisfactory academic progress or failure to fulfill these obligations may result in a discontinuance of any aid awarded. I understand that I must notify the Financial Aid Office in writing if I (the student) plan to attend part of the academic year at another college.

I, the student, certify that I am a citizen or permanent resident of the United States and that I will use any financial aid that I receive under Title IV (Federal Pell Grant, Federal Direct Loans) for college related expenses only. I, the student, certify that I am not in default on any Title IV loan nor owe a refund for a Title IV grant made for attendance at any institution. I understand that I am responsible for repaying any funds I receive which cannot reasonably be attributed to meeting educational expenses at Dean College.

Student's Signature: _____ Date: _____
(electronic signature is not acceptable)