

Student Statement of Understanding 2024-2025

Studen	t Name:	ID#:	Return documents to the Office of Financial Aid:	
In orde with se initial	US Mail- 183 College Drive De Queen, AR 71832 Fax-870.642.8766 Scan and email to-			
	I understand that I must be degree seeking (declareceive federal funding.	are a major) with CCCUA to	EinancialAid@cccua.edu No pictures accepted Return tax forms by US mail, fax or in person only.	
	I understand that not all Certificates of Proficien funding.	cy are eligible for Title IV	You can submit documents to any campus' financial aid department.	
	I understand that I must take classes that are req CCCUA. If I choose to take classes that are not understand that I will have to pay for these cours	in my degree plan, I		
	I understand that my Federal and State financial aid is awarded at fulltime status when I am first notified by the Financial Aid Office. If I am not enrolled fulltime, this amount will be adjusted to the amount set by the Department of Education or Arkansas Department of Higher Education (ADHE). Fulltime status for Federal funds is 12 credit hours per semester. Fulltime status for ADHE is 15 credit hours per semester.			
	I understand that if I withdraw from classes CCCUA may have to return a portion or all of my Federal funds back to the Department of Education. I understand that the amount returned could result in a balance due at CCCUA.			
	I understand that the lifetime eligibility for Federal Pell grant funds is 12 semesters. This indicates that I will only have 6 years (at fulltime status) to complete my degree up to a bachelor's program. I will only be allowed to use 6 semesters (3 years) at CCCUA of Federal Pell grant funds. After my 6 semesters have been used, I understand that I will not be eligible for Federal Pell grant funds thereafter.			
	I have in no way been persuaded to pursue a specific degree at CCCUA by the Financial Aid staff or other staff members.			

It is my responsibility to follow up with the Financial Aid Office to discuss financial aid ramifications if I decide to drop or withdraw from a class.

Student Signature

Date