



Office of Financial Aid
Student Affairs Division
Student Contract

Name: _____

Student ID: _____

Prior Balance: _____

Amount Paid: _____

Contract Amount: _____

I am aware and take full ownership of the previous balance owed to North Central Texas College. I understand that the contract amount listed above will be taken out of my next semester's financial aid refund. I also understand that I am required to:

- Attend and complete the classes that I have registered for

If, for any reason, I am unable to attend or complete the classes I have enrolled in or if I need to change my class schedule, drop classes, or anticipate unsatisfactory grades, I will contact the office of Financial Aid.

Student Signature

Date

FA Advisor Signature

Date

For Office Use

Contract Amount: [] Term to Term [] Crossing Award Years (not more than \$200)

Classes fit Degree Plan: [] Yes [] No

Meeting SAP: [] Yes [] No

FA Advisor Initials: _____