



# DAYTONA STATE COLLEGE

## INTENT TO REGISTER

Name \_\_\_\_\_

ID#/SSN \_\_\_\_\_

I intend to register at Daytona State College for the semester listed below:

**FALL SEMESTER** \_\_\_\_\_ **12 credits or more**  
**(A- August - December)** \_\_\_\_\_ **9-11 credits**  
**(B- October- December)** \_\_\_\_\_ **6-8 credits**  
\_\_\_\_\_ **3-5 credits\***

**SPRING SEMESTER** \_\_\_\_\_ **12 credits or more**  
**(SPRING A or B)** \_\_\_\_\_ **9-11 credits**  
**(January-May)** \_\_\_\_\_ **6-8 credits**  
\_\_\_\_\_ **3-5 credits\***

I will not be attending Daytona State College as I am currently attending the post-secondary institution listed below: **(complete if applicable)**

\_\_\_\_\_  
Name of Postsecondary Institution

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*Please note that you must enroll for a minimum of 6 credits per semester (at least half time) to be eligible for most types of financial assistance. In limited instances, some Pell Grant recipients may be eligible to receive a Pell Grant when enrolled less than half-time.**

Please return to:

Financial Aid Services  
Daytona State College  
1200 W. International Speedway Blvd.  
Daytona Beach, FL 32120  
386-506-3015 / FAX 386-506-4442

INTENT