



**JOHNSON COUNTY  
COMMUNITY COLLEGE**  
Financial Aid Office

# Double Enrollment Form

\_\_\_\_\_ **AID YEAR** \_\_\_\_\_

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*MI*

JCCC ID: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_  
(XXX-XXX-XXXX)

You have indicated on your Student Information Form that you will be attending another institution while you are also attending JCCC. You can only receive Federal Student Aid at one school per enrollment period (semester).

**Please complete all sections below.**

## Fall semester (August – December)

- For the fall semester, I will **only** be attending JCCC.
- For the fall semester, I will **not** be attending JCCC.
- For the fall semester, I will be attending JCCC and \_\_\_\_\_  
name of institution
- For the fall semester, I will receive my federal financial aid at JCCC **OR**
- For the fall semester, I will receive my federal financial aid at the other institution noted above.

## Spring semester (January – May)

- For the spring semester, I will **only** be attending JCCC.
- For the spring semester, I will **not** be attending JCCC.
- For the spring semester, I will be attending JCCC and \_\_\_\_\_  
name of institution
- For the spring semester, I will receive my federal financial aid at JCCC **OR**
- For the spring semester, I will receive my federal financial aid at the other institution noted above.

## Summer session (June – July)

- For the summer semester, I will **only** be attending JCCC.
- For the summer semester, I will **not** be attending JCCC.
- For the summer semester, I will be attending JCCC and \_\_\_\_\_  
name of institution
- For the summer semester, I will receive my federal financial aid at JCCC **OR**
- For the summer semester, I will receive my federal financial aid at the other institution noted above.

**NOTE:** If attending another institution at the same time, we may require your official final transcript from the other college at the end of each semester. Review detailed JCCC Transcript Requirements online at [jccc.edu/admissions](http://jccc.edu/admissions).

\_\_\_\_\_  
**Student signature\***

\_\_\_\_\_  
**Date**

\*Electronic signatures will not be accepted.

### For Office Use Only:

ROAUSDF \_\_\_\_\_

RRAAREQ \_\_\_\_\_

RHACOMM \_\_\_\_\_

### Please return this form to:

Johnson County Community College  
Financial Aid Office, Box 50  
12345 College Blvd.  
Overland Park, KS 66210-1299  
913-469-3840  
Fax: 913-469-2310  
[finaid@jccc.edu](mailto:finaid@jccc.edu)