



Division I Degree Completion Financial Aid Information Form

Form must be completed and signed by Registrar

Name of Applicant

List costs per semester/quarter at the appropriate residency status. This application will not be considered without cost information.

Number of hours requested	
Tuition	\$
Required Fees	\$
Required Books	\$
Total:	\$

Select the term funds will be applied:

Academic year 20__	
<input type="checkbox"/> FALL	<input type="checkbox"/> SPRING
<input type="checkbox"/> WINTER	<input type="checkbox"/> SUMMER

Indicate the years in which athletics aid was received.

Year	Institution	Full Athletics Aid	Partial Athletics Aid	Pell Grant	Student-Assistance Fund
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

Your signature below indicates that your office will:

1. Handle the disbursement of funds under institutional policy and procedure for refund and repayment as outlined in federal regulations.
2. Reduce the NCAA award if the NCAA award and institutional aid exceed the institutional budget used for awarding Title IV aid for the general student population.
3. Notify the NCAA if the student fails to complete the required hours with a 2.0 grade-point average or better on a 4.0 scale during the first term of the award and a cumulative grade-point average of 2.5 on a 4.0 scale.
4. Refund the appropriate amount to the NCAA should the student realize a reduction in cost due to a change in residency or enrollment status.
5. Certifies the above information is correct.

<i>Registrar Signature</i>	<i>Date</i>
<i>Print Name</i>	<i>Telephone (with area code)</i>
<i>E-mail Address</i>	