

Student Name:	ID # or SSN:	
According to your Student Aid Report (FAFS) are working towards a graduate (beyond back this information.		· · ·
Please check the statement that applies:		
I have a bachelor's degree from a Uni	ted States college or univer	sity.
		/
Name of college or university		Date received
I have a bachelor's degree from another and the second	ner country.	
	/	/
Name of college or university	Name of country	Date received
 I do not have a bachelor's degree from beyond high school I have received is None Certificate (less than two-yea Associate 	:	other country. The highest degree
REQUIRED SIGNATURE: By signing this for and correct.	m I certify that all the info	rmation reported on it is complete

WARNING: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.

Student Signature:	Date:	

For Office Use:	By:	Date:
SASM degree(s) (resend FADSAPN):		
AMSC updated: (Highest Degree Earned):		
CRI updated: (BGP, HD as applicable):		
ISIR updated: (Has Degree, Masters/Grade Level):		
SAPV updated: (SAP Status, as applicable):		