

PROGRAM CLARIFICATION

Academic Year 2016-2017

DIRECTIONS—Your 2016-2017 Free Application for Federal Student Aid (FAFSA) is temporarily on hold because your application has incomplete or conflicting information regarding your program and/or previous degree. Please sign and send your completed form to One Stop Student Services (see addresses on the right). Processing of your financial aid application will continue when the missing information is received.

RETURN FORM:

BY MAIL TO:
Office of Student Finance
20 Fraser Hall
106 Pleasant St. SE
Minneapolis, MN 55455

IN PERSON ON CAMPUS AT:

One Stop Student Services
333 Robert H. Bruininks Hall
130 West Bank Skyway
130 Coffey Hall

Questions?

Phone: 612-624-1111
TTY (hearing impaired): 612-626-0701
Email: onestop@umn.edu

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

PART A. Student information						
Name (last, first, middle initial)						
Birthdate (mm/dd/yyyy)	University ID	Phone (include area code)				
PART B. Program and/or degree clarification						
Please read each of the following questions carefully and complete the information as instructed.						
<p>1. Will you be attending the University of Minnesota, Twin Cities, during the 2016-2017 academic year? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If NO, please STOP HERE and submit this form to the address listed above.</p> <p>If YES, please provide the applicable information for the rest of the fields on this form and then return the form.</p>						
<p>2. Have you received a bachelor's degree, or will you receive one prior to fall term 2016? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If YES, list the name of the school conferring the degree and the date the degree was received.</p> <table border="1"> <tr> <td>Name of school</td> <td>Date</td> </tr> </table> <p>I am officially admitted to the following degree, certificate, or graduate program for the 2016-2017 academic year:</p> <table border="1"> <tr> <td>Name of program</td> <td>Effective term/year</td> </tr> </table>			Name of school	Date	Name of program	Effective term/year
Name of school	Date					
Name of program	Effective term/year					
<p>3. Check all boxes that describe your student status during fall and spring semesters of the 2016-2017 academic year.</p> <p>During the 2016 fall semester I will:</p> <p><input type="checkbox"/> have undergraduate student status as a <input type="checkbox"/> freshman <input type="checkbox"/> sophomore <input type="checkbox"/> junior <input type="checkbox"/> senior <input type="checkbox"/> 5th year or beyond</p> <p><input type="checkbox"/> be a graduate/professional student in my <input type="checkbox"/> 1st year <input type="checkbox"/> 2nd year <input type="checkbox"/> 3rd year <input type="checkbox"/> beyond 3rd year</p> <p>During the 2017 spring semester I will:</p> <p><input type="checkbox"/> have undergraduate student status as a <input type="checkbox"/> freshman <input type="checkbox"/> sophomore <input type="checkbox"/> junior <input type="checkbox"/> senior <input type="checkbox"/> 5th year or beyond</p> <p><input type="checkbox"/> be a graduate/professional student in my <input type="checkbox"/> 1st year <input type="checkbox"/> 2nd year <input type="checkbox"/> 3rd year <input type="checkbox"/> beyond 3rd year</p>						
PART C. Certification						
You must sign this form certifying that the information you provided is true. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancelation or repayment of financial aid, whenever discovered.						
Student signature	Date					



To request copies of this form in an alternative format, please call a Disability Resource Center liaison at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.

FA711—2/16



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