

STUDENT INFORMATION
Student Name _____ **Banner ID +** _____

Please complete the following items that apply for the 2014-2015 academic year.

	Fall Semester 2014	Spring Semester 2015	Summer Term 2015
Number of credit hours enrolled for each term, if not attending put '0':			
Campus attending: (i.e., Oxford, Middletown, Hamilton, Study Abroad, Luxembourg, Voice of America)			
Housing status : (i.e., Parents, University housing, off-campus)			

▶ Are you graduating in December 2014? ____ Yes ____ No

If yes, how many credit hours will you be enrolled for fall semester? ____*

*** Note: Your Federal Direct Student Loan(s) may be adjusted based on the number of credit hours you are enrolled.**

▶ I am transferring to another university. Please cancel my financial aid for the following:

Check appropriate box: ☐ fall 2014 and spring 2015 ☐ fall 2014 **only** ☐ spring 2015 **only**

I certify that all of the information on this form is true and complete to the best of my knowledge.

Student Signature

Date

For office use only