

Annual Service Questionnaire Registrar Certification Form Enrollment Undergraduate/Graduate Degree Program

Section A – Recipient Information

Student SSN: _____ Date of birth: ____/____/____
Last name: _____ First name: _____ MI: ____
Address: _____
City: _____ State: _____ Zip code: _____

Section B – Registrar Certification Form

This section must be completed by the college/university and should **only** be completed if the recipient is requesting deferment due to continuing enrollment. The student is responsible for returning the completed form.

I certify that the student listed below is enrolled for the current semester at this college/university:

Last Four Digits of SSN: _____ Date of birth: ____/____/____
Last name: _____ First name: _____ MI: ____
Name of College: _____
Semester Enrolled: _____

- Enrollment Status:
- Full-time (12+ credits for undergraduate; 9+ credits for graduate)
 - Part-time (6-11 credits for undergraduate; 6-8 credits for graduate)
 - Less than 6 credits (may result in repayment)



Please affix official college/university seal here

Signature of certifying official (*Electronic Signature Acceptable; Typed Signature Prohibited*)

Date

Printed name of official

Telephone

Title of Certifying Official

Email

Please return the completed form to the recipient to submit to the Office of Student Financial Assistance.