## SOUTHERN ILLINOIS UNIVERSITY **EDWARDSVILLE**

## **Student Financial Aid**

2308 Rendleman Hall Campus Box 1060 Edwardsville, IL 62026-1060 Phone: (618) 650-3880 Fax: (618) 650-3885 Email: finaid@siue.edu Homepage: www.siue.edu/financial-aid 2024-2025 DEGREE

Degree

Student N	Name 1	Univ. ID#
	There is a discrepancy between the degree information y Federal Student Aid (FAFSA) and your student grade I the information below and check the box(es)	level with the University. Please review
	I will not have my first bachelor's degree before I begin	the 2024-2025 school year.
	I will have my first bachelor's degree before I begin the	2024-2025 school year <b>AND</b>
	☐ I anticipate being admitted to a graduate or profession academic year (please note: we are unable to proce you have been formally admitted to a graduate or p	ess your financial aid application until
	☐ I have been admitted to a graduate professional pro	ogram for the 2024-2025 academic year.
	☐ I am not in a graduate program, nor do I anticipate for the 2024-2025 academic year.	being admitted into a graduate program
I certify that ALL of the information on this form is true and complete.		

If typed/electronic signature is submitted, this form will be considered incomplete and financial aid will be delayed.

Date

Required Student Signature