2017–2018 PRIOR DEGREE/VERIFY ENROLLMENT FORM

To be eligible for Federal student aid, a student with a prior bachelor’s degree must be enrolled in an academic program that leads to admission into a degree seeking or graduate program.

Student Information
Name: _______________________________________________________________________________________________________________________

Last four digits of Social Security Number: [_____ | _____ | _____ | _____]  Student ID: ____________________________

Student Academic Certification
☐ I HAVE NOT completed a Bachelor’s Degree (Proceed to Student Signature section)
☐ I HAVE completed a Bachelor’s Degree (Complete all sections of this form)

Prior Degree Confirmation: List all degrees you have completed, the school from which you received the degree, and the date you graduated. Attach additional pages if necessary.

<table>
<thead>
<tr>
<th>Degree Received (ex. BS, BA, MS)</th>
<th>Name of School</th>
<th>Date Degree Received</th>
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Name of program you are seeking to complete: ______________________________________________________________________________________

Please indicate your reasoning for seeking additional educational training beyond a bachelor’s degree (check all that apply):

☐ Change careers  ☐ Expand academic expertise
☐ Teacher Certification Program  ☐ Nursing Consortia Program at UPG or UPJ
☐ Take prerequisite coursework to gain entry into a degree program.

Degree Level (check which degree level you are pursuing):
☐ Undergraduate  ☐ Graduate

• Submit this form to your Advisor to complete the Advisor Certification section on next page.
• List the prerequisite coursework required to enter your degree program (attach additional pages if needed).

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<tr>
<th>Course Name</th>
<th>Course Number</th>
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Advisor Certification (To be completed by your advisor):

I certify that __________________________ is taking prerequisite courses to gain admission into the __________________________ program. Signing this form does not imply, guarantee, or assist with admission to this degree program. This form only aids in determining financial aid eligibility.

Advisor Name (Printed): ____________________________  Advisor Signature: ____________________________  Date: ____________

Phone: ____________________________  College/Department: ____________________________

Student Signature
_________________________________________________________________________________________  Date: ____________