



Office for Student Financial Affairs
Division of Student Affairs

S107 Criser Hall
PO Box 114025
Gainesville, FL 32611-4025
352-392-1275/392-1272 TDD
352-392-2861 Fax
www.sfa.ufl.edu

2009-2010 Academic Year

Statement of Expected Graduation Date

Student's UFID: _____ Student's Name: _____

To continue processing your financial aid, our office needs the following information:

Expected graduation date:

				-		
Year					Month	

Student's Signature

Date

FOR SFA USE ONLY

UFID _____ 9 93

Name _____