

2017-2018 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.
Please indicate both the year and the semester during which you expect to graduate.

Year

2 0 ____ ____

Semester

<input type="checkbox"/> Spring	[05]
<input type="checkbox"/> Summer A	[06]
<input type="checkbox"/> Summer B or C	[08]
<input type="checkbox"/> Fall	[12]

Student's Signature

Date

FOR SFA USE ONLY

UFID _____ 7 93

Name _____