

2016-2017 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 _____ 6 93

Name _____