

Graduate Student Status

UFID _____ Student's Name _____

Please choose the most appropriate box that applies to you.

_____ At the beginning of the 2016-2017 school year, I will be working on a master's or doctorate degree (such as an M.A., M.B.A., M.D., J.D., Ph.D., Ed.D., graduate certificate). 3

OR

_____ I will not be a graduate student in Fall 2016: 14

1. I will begin graduate school in
 Spring 2017 Summer 2017

2. I am requesting undergraduate financial aid for the semester(s) prior to entering graduate school.
 Yes No

OR

_____ I will not be a graduate student in the 2016-2017 academic year. If you check this item and cannot answer yes to any other independent reason you are considered dependent for financial aid purposes. A list of all independent criteria is provided at <http://www.sfa.ufl.edu/pdf/1617IndpHandout.pdf>. If you are dependent please complete a new FAFSA application and include parent information.

I certify under penalty of perjury that the information provided on this form is true and correct to the best of my knowledge.

Student's Signature

Date

FOR SFA USE ONLY

DEP _____
IR _____

UFID _____ 6 88
Name _____