

Student's Name: _____ Student's ID Number: _____

Haskell Indian Nations University
Financial Aid Office
155 Indian Avenue, Box 5027
Lawrence, KS 66046

Phone: (785) 749-8468
Fax: (785) 832-6617

Student Data Form

Student Information:

First Name (please print) Last Name MI Haskell ID Number

Are you a **First Generation Student** in College: Yes _____ No _____

Current Phone Number to Contact You: _____

Do you have a Haskell E-Mail Address: Yes _____ No _____ (Please register for one ASAP).

Personal E-Mail Address: _____

Indicate your Housing Plan (check one): On-Campus _____ Off-Campus _____ With Parents _____

If Off Campus, provide address: _____

Anticipated Graduation Date: _____

List ALL name(s) and dates of any college, university or vocational/technical schools you have previously attended:

Have you graduated with an AA/AS Degree? Yes _____ No _____

Do you have a BA or BS Degree? Yes _____ No _____

My Enrollment Status Will Be:

Fall 2015:

Spring 2016:

_____ Full Time (12 or more hours)
_____ 3/4 Time (9-12 hours)
_____ Part Time (8 hours or less)

_____ Full Time (12 or more hours)
_____ 3/4 Time (9-12 hours)
_____ Part Time (8 hours or less)

Student Certification:

I fully understand and agree that I will be responsible for notifying the Financial Aid Office (FAO) of any changes in the information given on this form or any others. These changes included, but are not limited to, number of class hours, change of major, and withdrawal from school, transfer to another school, off-campus address, phone number, family size, marital status, and any scholarships or grants received. I will supply all documents required by the FAO to complete my file. I certify that all the money I receive from TITLE IV Programs will be used ONLY for the expenses incurred attending Haskell Indian Nations University. I further certify that all of information given on this form is accurate and true to the best of my knowledge.

Student Signature: _____ Date: _____