

OFFICE OF FINANCIAL AID

120 East 149th Street, Savoy Building RM B-115 Bronx, NY 10451 Tel: (718) 518-6555, Fax: (718) 518-4430

BACHELOR'S DEGREE VERIFICATION

Student's Full Name:			
Last Four Digits of SSN:		EMPL ID:	
Please read care	efully and a	nswer all questions as relate	ed to you
This form is used to clarify whether According to Federal Regulations, P first Bachelor's Degree. State Aid, D aid students pursuing additional degree	ELL and oth irect Loans,	ner grants are only available	to aid students pursuing their
You have indicated that you have a Baresponse.	achelor's deg	gree. For verification purposes	s, please check the appropriate
Yes, I do have a BacNo, I do not have a I	_		
Certification			
By signing this form, I certify that all of I marked the FAFSA incorrectly, the to the FAFSA. There is no need for me Financial Aid Office.	Financial Ai	d Office at Hostos Community	College will make corrections
Student Signature:		Date: _	
Non-Discrimination Notice - Hostos Community or any other category protected under federal, s discrimination policies can be directed to mdickinson@hostos.cuny.edu	state, and city la	aws in its programs and/or activities.	
	For C	Office Use Only	
Verification Request Sent to Admissions	(Y / N)	STAFF Initials:	Date:
Status Confirmation Received	(Y / N)	STAFF Initials:	Date:
Ok to clear Checklist	(Y / N)	STAFF Initials:	Date:
ISIR Correction required	(Y / N)	STAFF Initials:	Date:
School Degree Was Completed From:			
Date Degree Was Completed:			