

1. APU ID # _____ - _____ - _____ (If known) 2. Social Security Number _____ - _____ - _____

3. Student Name _____
Last _____ First _____ M.I. _____

4. Home Address _____
 Check if new address Street _____ City _____ State _____ ZIP _____

5. Phone _____ - _____ - _____ 6. _____
Home Number Day-time Number Email Address

7. Where will you live in 2007-2008? With Parents Off-campus On-campus
8. Are you transferring from an APU undergraduate program? No Yes, completed program on ____/____/____
9. What is your anticipated graduation date? ____/____ (mo/yr)
10. Check your advising sheet and write-in the **NUMBER OF UNITS** you will be taking for **EACH TERM** you are requesting aid; write-in a zero for terms you will not be attending. You must be enrolled at least halftime in order to receive financial aid. Notify your Student Account Counselor of any change in the units you indicated, **as changes will affect your financial aid.**

(DPT, CSA, DMIN, Higher Ed Doct. ONLY)

	↓		↓
Summer 2007 (12 wk) _____	↓	Fall 2007 (15 wk) _____	↓
Summer 1 2007 (6 wk) _____		Fall 1 2007 (9 wk) _____	
Summer 2 2007 (6 wk) _____		Fall 2 2007 (9 wk) _____	
Summer 3 2007 (5 wk) _____			
TOTAL SUMMER _____		TOTAL FALL _____	
		TOTAL SPRING _____	
			TOTAL SUMMER _____

11. Will you be receiving Faculty/Staff Benefit, CSA Discount, Company Reimbursement, Nursing Traineeship, Stamps or Friends Scholarship, Cal Grant, and/or any other Institutional or Outside Aid?
 No Yes (list the type and amount of each) _____
12. Will you have a spouse and/or dependent attending APU in 2007-08? No Yes (list name and ID# below)
First and Last Name of **Spouse** _____ APU ID# or SSN _____
First and Last Name of **Dependent** _____ APU ID# or SSN _____
13. List any COLLEGE/UNIVERSITY you will attend or have attended **in 2007-2008** (including community colleges and correspondence courses) prior to, or while attending, Azusa Pacific University in the 2007-2008 school year, regardless of whether or not you received financial aid at that college. Do not list APU for this question.

Name of College/University	Start Date (mo/yr)	End Date (mo/yr)

By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form.

Student Signature

_____/_____/_____
Date