



Graduate Student Financial Services
**Verification of Eligible
 Non-Citizenship**

**CITIZEN
 2013-2014**

Please complete all fields on this form using a black or blue ink. Incomplete forms will be returned and will cause a delay in processing your financial aid application.

APU ID#: _____ Academic Program: _____

Name: _____
Last First M.I.

The government requires APU to confirm this information from your FAFSA to process your financial aid application.
Please complete Step 1 & 2:

Step 1: DOCUMENTATION

Please attach a photocopy of the acceptable documentation to this form and submit it to Graduate Student Financial Services to verify your eligible non-citizenship status.

- Permanent Resident Card (Form I-551)
- Resident Alien Card (Form I-551)
- Conditional Resident Alien Card with documentation that is not expired (Form I-551, I-94, I-94A)
- Alien Registration Receipt Card (I-151)
- Arrival Departure Record (Form I-94) from the Department of Homeland Security stamped as one of the following:
 - Refugee
 - Asylum Status
 - Conditional Entrant (before April 1, 1980)
 - Victim of Human Trafficking
 - Battered immigrants-qualified aliens
 - Parolee (paroled for at least 1 year and status has not expired)
 - Cuban-Haitian Entrant

However, the following documents DO NOT make a person eligible for federal student aid:

- X *Employment Authorization Documents (I-688, I-688A, I-688B and I-766)*
- X *Family Unity Status (I-817)*
- X *Notice of Approval to Apply for Permanent Residence (I-171 or I-464)*
- X *Only have Employment Authorization Card (I-688A, I-688B or I 7-66)*
- X *Persons with Nonimmigrant Visas: F-1, F-2, M-1, B-1, B-2, J-1, J-2, G, H or L*
- X *Temporary Protected Status- stamped on I-94*
- X *Temporary Resident Card (I-688)*

Step 2: NOTIFICATION

Notify the Social Security Administration of your citizenship status and/or if you have made a legal change of name. This will help prevent any future delays in processing your federal student aid.

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. I understand that any false statements or misrepresentation may cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Student Signature

Date

MAILING ADDRESS

AZUSA PACIFIC UNIVERSITY • GRADUATE CENTER: SFS • P.O. BOX 7000 • AZUSA, CA • 91702-7000
 Phone (626) 815-4570 • Fax (626) 815-4545