



# Graduate Information Worksheet

(School of Nursing)

Please complete all fields on this form using a black or blue pen. Report "N/A" for not applicable fields. Incomplete forms will be returned and will cause a delay in processing your financial aid application.

APU ID#: \_\_\_\_\_ Program: NURSING

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Check here if you have a new address

Cell Phone \_\_\_\_\_ Non-APU e-mail: \_\_\_\_\_

**1) LIST ALL NUMBER OF UNITS YOU ARE PLANNING TO ATTEND FOR 2012-13 YEAR.**

Fall 2012 Term	Spring 2013 Term	Summer 2013 Term
units	units	units
Check here if you will be in residency	Check here if you will be in residency	Check here if you will be in residency

Your financial aid is based on the information you provide. You must be enrolled at least half-time to be eligible for aid (refer to the APU Graduate Catalog). Register for all units within each term (including all sessions) at the same time to avoid delays in your financial aid disbursement. **Notify your counselor immediately if you change units or academic program after submitting this form.**

2) **Housing for 2012-13:** Off Campus With Parents/ Relatives

3) **Will you be enrolled in more than one academic program for the upcoming year?**

No Yes (list your programs)

4) **Credit balance allocation options:** The Federal Government requires that excess Title IV funds (Direct Loans) be refunded to you unless permission is given by you to hold your funds for future charges within the 2012-13 academic year. (If you select the hold option, any remaining credit balance will be refunded to you by the end of your 2012-13 enrollment period.)

Mail Refund Hold remaining credit balance

5) **List all your other scholarships, grants, benefits from APU and/or outside sources** (Faculty/Staff Benefit, Company Reimbursement, etc) :

Amount: \$

6) **If applicable, list your spouse and/or dependent attending APU for 2012-13:**

Name, APU ID#/SSN:

7) **List any other colleges you have/will attend in the last 12 months (not including Azusa Pacific University):**

Name of College/University	Start Date (mo/yr)	End Date (mo/yr)	NSLDS Alert - office use only
			Date ____/____/____

**Statement of Permission and Loan Request:** I authorize Azusa Pacific University to apply all my financial aid funds (federal, state, institutional, and outside aid) to all institutional charges, direct and discretionary, as well as other educational expenses such as books, fees, parking, library fines, and minor prior year expenses on my student account. I understand that I have the right to request in writing (if applicable) my Cal Grant B subsistence funds be refunded to me, excluding it from paying the outstanding balance on my student account. I request Azusa Pacific University to certify my Master Promissory Note for a Federal Loan(s) for the enrollment period I have indicated. Once I am offered a loan, I will accept the amount of loan I want to borrow online in the university's Student Center.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Student Signature** (We do not accept electronic signatures.) **Date**

Please mail, fax or email/scan the completed form to your assigned Student Account Counselor or Graduate SFS:  
AZUSA PACIFIC UNIVERSITY • GRADUATE CENTER: SFS • P.O. BOX 7000 • AZUSA, CA • 91702-7000  
Phone (626) 815-4570 • Fax (626) 815-4545

<b>OFFICE USE:</b> Program Code: _____ Unit Cost: \$ _____ # Weeks: _____ <input type="checkbox"/> MA/Doct <input type="checkbox"/> Credential <input type="checkbox"/> Svc Ind/Hold
<b>LETTERS:</b> <input type="checkbox"/> Received: _____ (date) <input type="checkbox"/> Offer Letter Sent Date: _____ <input type="checkbox"/> No Offer Letter <input type="checkbox"/> Return: _____ (date) <input type="checkbox"/> Ltr: _____ Date: _____ <input type="checkbox"/> Ltr 2 _____ Date: _____ <b>IW- 3/23/12</b>