

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#: _____

Cohort Year: _____

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.

<u>Check Year of Study</u>	<u>Fall 2012 Term</u>	<u>Spring 2013 Term</u>	<u>Summer 2013 Term</u>
Year 1	Session I: _____ units	Session I: _____ units	Session I: _____ units
Year 2	Session II: _____ units	Session IA: _____ units	Session II: _____ units
Year 3	In Residency	Session IB: _____ units	In Residency
		Session II: _____ units	
		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) 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

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

Amount: \$ _____

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

Name _____

APU ID#: _____

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

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

OFFICE USE: Program Code: DPTH01 Unit Cost: \$ _____ # Weeks: _____ MA/Doct Credential Svc Ind/Hold

LETTERS: Received: _____ (date) Offer Letter Sent Date: _____ No Offer Letter Return: _____ (date)

Ltr: _____ Date: _____

Ltr 2 _____ Date: _____

IW- 3/23/12