2015-2016 Evening School Profile Form

INSTRUCTIONS
Students enrolling in University College (undergraduate or graduate programs) must complete this form to apply for financial assistance. To receive financial assistance, a student must be accepted into a degree or eligible certificate program and must be enrolled at least half-time to receive federal assistance.

1. Name: ___________________________  Student ID: ___________________________
   Last  First  M.I.

2. Permanent mailing address:
   Street: ______________________________________________________  Apt. #: ________
   City: ___________________________________  State: ________  Zip Code: ________

3. Phone Number: Daytime (_____)-_______ Home (_____)-_______ Cell (_____)-_______

4. Email Address: ____________________________________________

5. Academic Division: (circle one)  UC University College - undergraduate  UG University College - graduate

6. Anticipated Graduation Date: (e.g., May 2017, May 2017) ________________________________

7. Colleges/Universities previously attended:

<table>
<thead>
<tr>
<th>Name of College/University</th>
<th>Dates of Attendance</th>
<th>Degree(s) Received</th>
<th>Received Financial Aid?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>YES / NO</td>
</tr>
</tbody>
</table>

8. Will you receive tuition assistance from your employer or any other form of reimbursement for your classes? (circle one) YES NO
   If “yes,” amount for the Fall semester $_______ Spring semester $_______
or, % tuition covered _______%

9. Will you receive any other assistance? (e.g., vocational rehabilitation, veteran benefits, AmeriCorps, private scholarships, etc.) (circle one) YES NO
   If yes, please describe: ____________________________________________

   Amount per Semester

   Please indicate below how many credit hours you plan to enroll in for each semester. A decrease in credit hours may result in a reduction of your loan eligibility. You must be enrolled at least half-time to receive federal aid.

   Fall 2015 ________  Spring 2016 ________  Summer 2016 Session ________

I have read and understand all of the questions above and have answered them accurately, completely and to the best of my knowledge. I understand that my financial assistance may be adjusted if I do not make satisfactory academic progress or if other changes in my student status occur (i.e., change in enrollment). By signing this worksheet, I certify that the information reported to qualify for federal aid is correct and complete and I will provide all requested documents.

Student’s Signature: ___________________________  Date: ___________________________

Please return this form to University College

Washington University in St. Louis, Campus Box 1085, One Brookings Drive, St. Louis, Missouri 63130
(314) 935-6700 or (866) 340-0723  Fax: (314) 935-6744
Located in January Hall, Room 20  ucollege@wustl.edu  Website: ucollege.wustl.edu