2025-2026 DEGREE EARNED DETERMINATION FORM

COMPLETING AND SUBMITTING THIS FORM

Student

FOR OFFICE USE ONLY:

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| FSU Office of Scholarships & Financial Aid 1201 S. State Street, CSS 101, Big Rapids, MI 49307 Phone: 231.591.2110; FAX: 231.591.2950; finaid@ferris.edu | | | Kendall College of Art & Design 17 Fountain Street NW, Grand Rapids, MI 49503 Phone: 616.451.2787; FAX: 616.831.9689; kcadfinaid@ferris.edu | |
|--|--|--|---|---|
| Student Last Name | | First Name | M.I. | Student ID # |
| Permanent Address (include apt. number) | | | - | Date of Birth |
| City | State | Zip Code | - | Phone Number (include area code) |
| 2. You will have However, you are cut have a record that y Please indicate the I will be wo | ve already ear urrently not ac ou have previ DNE response rking toward | ned your first bachelor's o | degree. professional d degree. correct enrollm (associates or l | |
| I h | ave not earne | ed a previous bachelor's de | egree. | |
| Please note that if your process called verific | ou made a mi cation. Similar | ly, you may be required to | will correct it fo o log back in to | am. or you. This correction may flag your application for a your FAFSA to add parental information. <u>PLEASE</u> |
| SECTION 2: CERTIFIC I certify that in signii | ATION ng this form, a | Y FOR ANY MISSING REQU all of the above information | on is complete a | and correct. Student must sign this form IN INK. |

Date

CORRECTION SUBMITTED:

DATE:_____ INITIAL:__