



FRIENDS UNIVERSITY

2100 W. University St. • Wichita, KS 67213

STUDENT DATA FORM 2009-2010

Last Name First Name Middle Initial SSN or Student ID

Driver's License No. Date of Birth

Permanent Address City State Zip

Preferred Phone Number Alternate Phone Number

Please select your intended program:

Traditional Undergraduate
I am a New Student Returning Student Transfer Student
I plan to live On Campus Off Campus Parent/Relative's Home
My anticipated start term: Summer '09 Fall '09 Spring '10
My anticipated graduation date is: _____

PACE
My anticipated start term: Summer '09 Fall '09 Spring '10
My anticipated graduation date is: _____

Degree Completion Program (DCP)
Please list intended program (ie: Accounting, OML, CJP,...)

Master's Student
Please list intended program (ie: MBA, MSOD, MHCL...)

Outside Assistance

Please check any outside assistance that you anticipate receiving and indicate the amount.

(Estimate if necessary)

- Employer Reimbursement \$ _____ Military Tuition Assistance \$ _____
- Outside Scholarship \$ _____ Vocational Rehab \$ _____
- SRS/TIAA Payments \$ _____ Americorps \$ _____
- Other \$ _____

I plan to complete the Free Application for Federal Student Aid (FAFSA): Yes No

Student Signature	Date
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This form is required annually in order to keep information updated. This form is confidential and will be used for information purposes only. Missing information may delay the completion and awarding of your file. Any questions regarding financial aid should be directed to the Financial Aid Office at (316) 295-5200 or 1-800-794-6945, Ext.: 5200 or apply4\$@friends.edu