



FRIENDS UNIVERSITY

Office of Financial Aid

Financial Aid Final Semester/Pro-Rate Institutional Aid 2024-2025

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Student's Last Name	First Name	Student ID
	@student.friends.edu	()
E-mail Address (Friends Financial Aid will only respond to your student email)		Phone Number

Students are eligible to have their institutional aid from the university pro-rated if they are in their final semester. It is the student's responsibility to work with their advisor and the registrar's office to complete this form. No pro-ration will be done without a completed form signed first by their advisor and then by the registrar's office. A student may request pro-ration for one semester only.

Student Confirmation:

Semester you are seeking pro-ration: Fall 2024 Spring 2025

Number of credits you need to complete your degree: _____ (Please enroll in classes before submission to the Registrar)

I would like Financial Aid to pro rate my institutional aid for the semester indicated and I verify that the classes I am enrolled in count towards my degree and will complete my graduation requirements.

Student's Signature	Date
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ADVISOR: (Please Initial and Sign)

_____ I have reviewed this student's Falcon Map; the final semester and number of credits needed to graduate indicated on this form are correct.

_____ The classes that the student has enrolled in count towards their degree and, provided they receive a passing grade, the student will graduate at the end of the term indicated.

(Sign and Date)

REGISTRAR: (Please Review and Sign)

I have reviewed the student file and the student listed is currently enrolled in _____ credits for their final semester. I verify that these credits count towards their degree and will complete their graduation requirements.

(Sign & Date)

If you have any questions, please call (316) 295-5100. You may submit this form in person, fax (316) 295-5703 or mail. Please be sure and encrypt any email that contains personal identifiable information (PII). We are unable to accept PII that has not been encrypted.

FOR OFFICE USE ONLY: Staff must complete this section at the time of collecting this form.

_____	_____	Added to disbursement list? <input type="checkbox"/> Yes
FA Staff Name	Date	

If you purposely give false or misleading information, you may be fined \$20,000, sentenced to jail or both.