

Office of Financial Assistance PO Box 2900 Mt. Gay WV 25637 (304) 896 7060 Financialaid@southernwv.edu

Degree Confirmation Form

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Stude	ent Information
Student Name:	Date of Birth:
Student ID:	Student Phone Number:
Student Email:	
Student Address:	
Yes, I have attended the following	institutions:
**I will submit transcripts for the institution No, I have not attended any other i Yes, I have a Bachelor's degree in:	nstitution.
No, I have not completed a Bachele Associate's Degree in:	or's degree. I am current seeking an
knowledge. If requested, you agree to provide proof of th	ormation reported on this form is true and accurate to the best of your ne information that you have reported on this form. WARNING: If you
purposely give false or misleading information on this ap will not be accepted.	plication may result in my release. Typed, copied, or electronic signatures

For more information visit: $\underline{www.southernwv.edu}$

Student Signature:

#FINDYOURDIRECTION

Date:

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