

Office of Financial Assistance 100 College Drive Logan, WV, 25601 (304) 896 7060 Financialaid@southernwv.edu

Degree Confirmation Form

Stuut	ent Information
ent Name:	Date of Birth:
ent ID:	Student Phone Number:
ent Email:	
ent Address:	
Yes, I have attended the following i	institutions:
**I will submit transcripts for the institutions	as listed above.
No, I have not attended any other in	
Yes, I have a Bachelor's degree in:	
No, I have not completed a Bachelo	or's degree. I am current seeking an

Agreement and Understanding

By signing this application, you certify that all of the information reported on this form is true and accurate to the best of your knowledge. If requested, you agree to provide proof of the information that you have reported on this form. WARNING: If you purposely give false or misleading information on this application may result in my release. Typed, copied, or electronic signatures will not be accepted.

0, 1, 0,	Date:	
Student Signature:		
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