

[Student Data Form]



Student Information

Name:	SSN:
Local Address:	Local Phone:

References

You must list three persons with different U.S. addresses who have known you for at least three years. Relatives are preferred.

Name			
Permanent Address			
City, State, ZIP			
Telephone			
Relationship			

Employer

Employment Information *(required if student is currently employed)*

Current Employer	
Telephone Number, EXT.	
Employer Street Address	
City/State/ZIP	
Time with Employer	

I authorize University of Advancing Technology to credit to my tuition account any Title IV funds I may receive while in attendance. This account would include tuition and fees, as well as books and supplies obtained from the UAT Bookstore if placed on account. I understand that I may rescind my authorization at any time for the crediting of Title IV funds for balances attributed to costs other than tuition and fees, and in that event will assume full responsibility for private payment of said balance. I understand that any credit balance remaining on my tuition account will be paid to me (or my parent if credit balance is due to PLUS loan proceeds) in accordance with federal regulations.

I understand that my financial aid award is subject to modification at any time due to changes in my eligibility or in the availability of funds. I further understand that a drop or withdrawal from any or all courses may result in a decrease or cancellation of my financial aid award(s).

I understand that continued receipt of financial aid funding depends upon my maintaining satisfactory academic progress as defined in the University Catalog.

Your signature below indicates acceptance of all terms and conditions of the statements listed above.

Signature: _____ Date: _____