ARIZONA STATE UNIVERSITY

Statement of Intent & Understanding

For Preparatory Coursework

STUDENT FINANCIAL ASSISTANCE

LAST NAME	FIRST NAME	MIDDLE INITIAL	9-DIGIT CAMPUS ID #

DAYTIME PHONE	EMAIL ADDRESS

This form is for students who completed a **bachelor's degree** and must complete preparatory coursework to qualify for admission into a graduate degree program at Arizona State University.

SECTION A: STUDENT (to be completed by the student)

I am applying for admission into the _____(degree) in _____(major field) at ASU for the _____ semester. I cannot qualify for admission without the required coursework indicated in Section B.

Please initial each line indicating that you have read and understand these terms:

____ I will be considered for financial aid while I complete **preparatory coursework** necessary to be admitted into the above named degree program.
____ The period of funding may not exceed **twelve** consecutive months.
____ I must be enrolled at least **half-time**.
____ I must meet all financial aid eligibility and prerequisite **requirements**.
____ I will only be considered for Federal Direct Stafford loans based on **undergraduate loan limits**.
____ I must **notify** Student Financial Assistance immediately if there are changes in my Planned Enrollment Schedule (Section B).
____ I will have my **advisor complete and sign the Planned Enrollment Schedule** (Section B).
____ I can enroll for **only required courses** for my desired program. These coursed are detailed on my Planned Enrollment Schedule.
____ Deviation from my Planned Enrollment Schedule will disqualify me from current and/or further funding.

CERTIFICATION STATEMENT

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

STUDENT SIGNATURE DATE

SECTION B: PLANNED ENROLLMENT SCHEDULE (to be completed by your academic advisor/dean)

1. Please list the required courses the above named student must complete in order to be admitted into the degree/major noted in Section A. Attach additional page(s) as necessary.

	Fall Term Year:	Spring Term Year:	Summer Term Year:
Course #			
Course #			
Course #			
Course #			

2. What GPA is required for admission into this program? (do not leave blank) _____

3. What semester/year will this student qualify for admission into this program? _____ (SEMSTER) _____ (YEAR)

ADVISOR CERTIFICATION STATEMENT

I certify that the submitted information is true and correct to the best of my knowledge and belief. The courses noted above are those that are required for admission into this student's desired graduate program.

ADVISOR/DEAN SIGNATURE (REQUIRED) DATE

DEPARTMENT OFFICE PHONE #

OFFICE USE ONLY

Approved ☐ Notes:

Denied ☐

COUNSELOR SIGNATURE _____ DATE _____

students.asu.edu/financial-aid

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