

2014-2015 Student Data Form

Student Information:

First Name (please print) Last Name MI Haskell School ID Number

Current Phone Number to Contact You: _____

Do you have a Haskell E-Mail Address: ___ Yes ___ No (Please register for one ASAP).
Personal E-Mail Address: _____

Indicate your Housing Plan (please check one): On-Campus ___ Off-Campus ___ With Parents ___
If Off Campus, provide Address: _____

Anticipated Graduation Date: _____

List ALL name(s) and dates of any college, university or vocational/technical schools previously
attended: _____

Have you graduated with an AA/AS Degree (Please check correct answer): Yes ___ No ___
Do you have a BA or BS Degree? Yes ___ No ___

My Enrollment Status Will Be:

Fall 2014:

Spring 2015:

_____ Full Time (12 or more hours)
_____ 3/4 Time (9-12 hours)
_____ Part Time (8 hours or less)

_____ Full Time (12 or more hours)
_____ 3/4 Time (9-12 hours)
_____ Part Time (8 hours or less)

Student Certification:

I fully understand and agree that I will be responsible for notifying the Financial Aid Office (FAO) of any changes in the information given on this form or any others. These changes included, but are not limited to, number of class hours, change of major, and withdrawal from school, transfer to another school, off-campus address, phone number, family size, marital status, and any scholarships or grants received. I will supply all documents required by the FAO to complete my file. I certify that all the money I receive from TITLE IV Programs will be used ONLY for the expenses incurred attending Haskell Indian Nations University. I further certify that all of information given on this form is accurate and true to the best of my knowledge.

Student Signature: _____ **Date:** _____