

2024-25 Prior Degree Form

<u>Middletown Campus</u> 173 Skirmisher Lane| Middletown, VA 22645 Fauquier Campus

6480 College Street | Warrenton, VA 20187

Phone: 540-868-7130 | Fax: 540-868-7274 Email: finaid@laurelridge.edu

We are in the process of reviewing an electronic copy of your Student Aid Report, which we received as a result of your filing the Free Application for Federal Student Aid (FAFSA). Please complete the information below so that the Office of Financial Aid can determine your eligibility.

A. Student Informati	on		
Student's Name (Last, First, M.I.)			Student ID - REQUIRED
B. Please complete the Note: The Financial Aid Of	he information below. ffice reserves the right to request a	additional documentat	ion, if needed.
You indicated on your 2024- to the item below.	-2025 FAFSA that you will have yo	our first bachelor's deg	gree before July 1, 2024. Please provide a response
○ Country f □ <u>I DO NOT</u> have a			
information is attached. Th WARNING: If you purpose	ne student and one parent MUST s	sign and date this sect	eet you may be fined, sentenced to jail, or both
Student's Signature			Date
Office Use Only:			
Actions Taken: □ FAFSA Correction	Assign Packaging Variables Page	Notes:	
Staff Initials:	Date Processed:		