

## 2025-26 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 Information			
Student's Name (Last, First, M.I.)			Student ID - REQUIRED
B. Please complete the Note: The Financial Aid Office		additional documenta	tion, if needed.
You indicated on your 2025-209 to the item below.	26 FAFSA that you will have yo	our first bachelor's de	egree before July 1, 2025. Please provide a response
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☐ <u>IDO NOT</u> have a bac			
information is attached. The st WARNING: If you purposely s	tudent and one parent MUST s	sign and date this sec	corksheet is complete, correct, and any additional action.  heet you may be fined, sentenced to jail, or both.  Date
Student's Signature			Date
Office Use Only:			
Actions Taken:     FAFSA Correction	gn Packaging Variables Page	Notes:	
Staff Initials:	Date Processed:		