



Certification of Coursework Completion Form

(Applicable for ASU Merit Scholarships, Obama, CAG, and AZ Grad Tuition Scholarships)

Student Information

| | | |
|---------------------------------|----------------------------|------------------------------|
| Name (Last, First, Middle): | 10-Digit ASU ID: | Date: |
| Currently Enrolled Hours (ASU): | Total ASU Hours Completed: | Anticipated Graduation Date: |

Scholarship Information

Instructions

1. Student must complete Sections A and B.
2. ASU Academic Advisor must complete Section C.
3. Form must be submitted 4 weeks prior to the start of the student's last term to ensure processing before the start of classes.
4. Submit this form by fax to 480-965-9484, by mail to P.O. Box 870412, Tempe, AZ 85287-0412, or in person at any Financial Aid and Scholarship Services location.

Information

The listed scholarships require a minimum of full-time enrollment in a term for their award to be released to their ASU account. In order for the award to be released at less than full-time status in the student's final term of study, we require certification from an academic advisor to ensure the student does not need to be enrolled at full-time status to complete their undergraduate degree program.

Note: This form is only applicable to scholarships listed above. If you need assistance with completing this form, please contact our office at 855-278-5080 or on students.asu.edu/contact/financialaid.

Section A: Scholarship Information

| | | |
|--------------------|--------------------------------------------------------------------------------------------------------|-------|
| Scholarship Award: | Final Term Needed to Complete Degree: <input type="checkbox"/> Fall <input type="checkbox"/> Spring | Year: |
|--------------------|--------------------------------------------------------------------------------------------------------|-------|

Section B: Certification and Signature

Certification: I certify that the submitted information is true and correct to the best of my knowledge. If asked by an authorized official, I agree to provide additional 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.

| | |
|----------------------|-------|
| Student's Signature: | Date: |
|----------------------|-------|

Section C: ASU Academic Advisor

Please have your Academic Advisor complete the following portion, confirming your undergraduate degree program completion and final semester enrollment.

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|------------------------------|----------------------------------|--------|
| ASU Academic Advisor's Name: | Phone Number: | Title: |
| Academic Department: | Academic Advisor E-mail Address: | |

Remaining Coursework Required to Graduate:

| Courses: | Term: | Credits Hours: |
|----------|-------|----------------|
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Additional Information (if any):

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| ASU Academic Advisor's Signature: | Date: |
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