



GRADUATE STUDENT SUPPLEMENTAL INFORMATION FORM 2008-2009

Name: _____

GENERAL STUDENT INFORMATION

Name: _____ Social Security Number: _____

Address: _____
street (include apartment number) city state zip

Phone Number: _____ Date of Birth: _____

ENROLLMENT INFORMATION

Returning Graduate Student New Graduate Student

Are you currently an undergraduate student at Simmons College? Yes No

Pursuing a degree in: Arts & Sciences Library Science Social Work
 Management Health Studies

Date accepted to current degree program: _____ / _____
Month Year

Your expected graduation date: _____ / _____
Month Year

❖ You must be enrolled in at least **FIVE (5)** credits to be eligible for financial aid.

NUMBER of CREDITS (Summer 2008) _____

NUMBER of CREDITS (Fall 2008) _____

NUMBER of CREDITS (Spring 2009) _____

DO NOT LEAVE THE ABOVE SECTION BLANK. If you do not plan on taking any credits for a particular term, place a zero (0) in the appropriate space for that term.

If you will be a student attending an off-site program (locations other than 300 The Fenway, One Palace Road or School of Management), denote the location/program: _____

Simmons ID : _____

OUTSIDE SOURCES OF FINANCIAL ASSISTANCE

Please list the amount and sources from which you will receive any of the following awards during the 2008 – 2009 academic year:

VA benefits \$ _____

Employee tuition benefits \$ _____ Employer: _____

Outside Scholarship Source: \$ _____ Source: _____

Outside Scholarship Source: \$ _____ Source: _____

OFFICE USE: rec. by: _____

SIGNATURE

- I understand that by signing this form, I certify that all the information reported on it is complete and correct to the best of my knowledge.
- I understand that incorrect or inaccurate information reported on this form may result in a change to my financial aid award.
- I understand that omission of any information on this form may result in a delay in the receipt of my financial aid award.
- I understand that by signing this form, I authorize Simmons College to release my (and my spouse's) financial and/or academic information to outside agencies and scholarship donors.
- I understand that in order to be awarded financial aid I must complete a 2008-2009 FAFSA (Free Application for Federal Student Aid) in addition to this form (Graduate Supplemental Form).
- I understand that if there is any change to the information provided in the Enrollment section of this form I must notify the Student Financial Services Office in writing and that my financial aid award may be revised.
- I understand that I may be asked to supply more information (i.e., Federal Income Tax Return including all schedules and W-2's) to help complete my financial aid file.

Student's Signature: _____ **Date:** _____