



Office of Enrollment Management
Financial Aid & Scholarships

FINANCIAL AID DATA FORM FOR 2018-2019
(Please use only black or blue ink when completing this document.)

Student's Name: _____

LSU ID: 89-_____ - _____

Check the enrollment status for all semesters you are requesting financial aid and will attend LSU:

Summer 2017 Session A	<input type="checkbox"/> No aid	<input type="checkbox"/> Full-time	<input type="checkbox"/> 3/4 time	<input type="checkbox"/> 1/2 time	<input type="checkbox"/> less than 1/2	<input type="checkbox"/> not enrolled
Summer 2017 Session B	<input type="checkbox"/> No aid	<input type="checkbox"/> Full-time	<input type="checkbox"/> 3/4 time	<input type="checkbox"/> 1/2 time	<input type="checkbox"/> less than 1/2	<input type="checkbox"/> not enrolled
Fall 2017	<input type="checkbox"/> No aid	<input type="checkbox"/> Full-time	<input type="checkbox"/> 3/4 time	<input type="checkbox"/> 1/2 time	<input type="checkbox"/> less than 1/2	<input type="checkbox"/> not enrolled
Spring 2018	<input type="checkbox"/> No aid	<input type="checkbox"/> Full-time	<input type="checkbox"/> 3/4 time	<input type="checkbox"/> 1/2 time	<input type="checkbox"/> less than 1/2	<input type="checkbox"/> not enrolled

Classification/Semester	Full Time	3/4 Time	1/2 Time
UG Students (Summer/Fall/Spring)	12 or more hours	9 – 11 hours	6 – 8 hours
Grad Students (Fall/Spring)	9 or more hours	7 – 8 hours	5 – 6 hours
Grad Students (Summer)	6 or more hours	5 hours	3 – 4 hours
Law Students (Fall/Spring)	12 or more hours	9 – 11 hours	6 – 8 hours
Law Students (Summer)	5 or more hours	4 hours	3 hours

College Anticipated Graduation Date: _____

Federal Title IV funds (Federal Pell, SEOG, and all loan funds) received via Electronic Funds Transfer (EFT) are automatically applied to student accounts first.

"By signing this form, I authorize LSU to apply any remaining Title IV funds that I may receive to other educational charges outside of tuition, fees, and on-campus room and board. If I do not wish for these funds to be applied in this manner, I will attach a letter to this form explaining such. I understand that this will not affect the amount of my financial aid refund."

Student's Signature _____
(SIGNATURE REQUIRED)

This authorization is valid for your entire period of enrollment at LSU and may be rescinded at any time by contacting the Office of Enrollment Management. Without this authorization, payment for such charges must be remitted by the due date indicated on your fee bill. **Note: Electronic signatures will not be accepted.**