Francis Marion University
X-6 Checklist

To be completed by ALL students:

Student's Name: _____ Soc Sec #: _____-_____-_____

In which of the following are you planning to enroll?
_____ Teacher Certification
_____ 2nd Undergraduate Degree
_____ Prerequisites for a graduate program (12 month maximum)
_____ Prerequisites for an undergraduate program (12 month max)

I plan to enroll in _____ hours per semester (ex. 6, 9, 12, etc).

_____ I have enclosed the **required** advising checklist form from my academic advisor indicating the classes that I need to complete my program. **(Your file will NOT be processed until this checklist has been provided to the FA Office.)**

Complete **ONE** of the following: (Students seeking Teacher Certification do **NOT** need to complete this section)

To be completed if you are working on a second undergraduate degree:

My first undergraduate degree was in _____. (ex: Elementary Ed, Computer Science, etc.)

My second undergraduate degree will be in _____.

To be completed if you are taking prerequisites for an undergraduate program:

My second undergraduate degree will be in _____.

By signing the bottom of this form, I am verifying that I understand that I am eligible to apply for financial assistance for no more than 12 **consecutive** months after I start taking prerequisites to get into the undergraduate program listed above.

To be completed if you are taking prerequisites to get into a graduate program:

I am taking prerequisites to get into the _____ graduate program. (ex: Clinical Psych, Business, etc.)

By signing the bottom of this form, I am verifying that I understand that I am eligible to apply for financial assistance for no more than 12 **consecutive** months after I start taking prerequisites to get into the graduate program listed above.

To be completed by ALL students:

I certify that all of the information reported above is true. I will notify the Financial Assistance Office if, at any time, I change my major or start taking classes that are not listed on the advising form.

Student's signature: _____ Date: _____

Upon completion, return this form to:

Francis Marion University
Office of Financial Assistance
PO Box 100547
Florence, SC 29501-0547

FA 1/07

Did you remember to include your advising checklist?

To be completed by the Financial Assistance Office: *Students leave this section BLANK*

_____ Major code (must match the major stated above)

_____ Max # Semesters student can get aid:

_____ Fall 2007	_____ Spring 2008	_____ Summer 2008
_____ Fall 2008	_____ Spring 2009	_____ Summer 2009
_____ Fall 2009	_____ Spring 2010	_____ Summer 2010