CONCORDIA UNIVERSITY TEXAS

DCE CERTIFICATION APPLICATION for Student Financial Services

☒ 2011 - 2012 ☐ 2012 - 2013

Please fill out all applicable fields as any incomplete forms will be returned to you for completion.

STUDENT NAME: _____

DATE OF BIRTH: _____ **STUDENT ID:** _____

Academic Period for which aid is requested:

- ☐ Fall & Spring Semester
- ☐ Fall Semester only
- ☐ Spring Semester only

Bachelor's Degree Earned: ☐ Yes ☐ No

Enrollment: ☐ Full-Time (12-18 hours)

☐ Part-Time (Number of Hours: _____)

Student Certification Statement

By my signature, I certify that:

The information submitted on all financial assistance documents is true to the best of my knowledge and that any changes to my financial situation ***including application for private or direct-to-consumer educational loans*** will be reported to Student Financial Services.

If I choose to withdraw, I will immediately inform Student Financial Services of my decision.

I acknowledge that the grant awarded to me will be credited to the tuition charges on my account.

I understand that this is only a discount through the form of institutional aid and that no other financial aid will be awarded.

_____ _____

Applicant's Signature **Date**

Please contact your Admissions Counselor/Student Support Coordinator with any financial aid questions.

Student Financial Services
11400 Concordia University Drive
Austin, TX 78726-4141

Student Support Coordinator Phone: 1.800.845.4282
Student Financial Services Fax: 1.512.313.1760
Email*: financialaid@concordia.edu

*In order to have a valid digital signature, completed forms must be emailed from your ctx.edu account.