



OFFICE OF SCHOLARSHIPS AND STUDENT AID
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Student's Last Name: _____

First Name: _____

Middle Name: _____

UNC-CH Personal ID#

Social Security #r

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POSTSECONDARY SCHOOL ATTENDANCE FORM

** Please complete the section that applies to you and return this form within two weeks of receipt. **

Section 1: Continuing Studies Students or Part-Time Students in an Off-Campus Program

Are you attending a post-secondary institution (other than UNC-CH) during the fall semester 2002 or the spring semester 2003?

Yes No

If yes, list the institution you will be or are attending (**See Note**):

Name of School: _____

Address of Institution (city, state): _____

NOTE: We must obtain your financial aid award information from the national student aid database. Your awards at UNC may be affected by student aid that you are receiving from another institution.

Section 2: Full-Time Students entering UNC-CH Spring Semester 2003

Did you attend any post-secondary institution (other than UNC-CH) during the fall semester 2002?

Yes No

If yes, list the institution you will be or are attending (**See Note**):

Name of School: _____

Address of Institution (city, state): _____

NOTE: We must obtain your financial aid award information from the national student aid database. Your awards at UNC may be affected by student aid that you are receiving from another institution.

Signature of Student _____ Date _____