



Institutional Aid Application Master Copy*

THIS FORM MUST BE RETURNED BEFORE AID WILL BE AWARDED

1. **Name:** _____
Last First M.I. Maiden (other) Name

2. **Social Security Number:** _____ **Student ID:** _____

3. **Please list all colleges or universities (*other than* The University of Akron) that you have attended within the past year:**

Name of School, City and State	Attended (Dates)	
	From	To

Verification of financial aid from all schools you have attended must be on file in our office before your aid can be determined for this academic year. The Office of Student Financial Aid will access this information from the National Student Loan Data System (NSLDS). Aid will be processed upon completion of the review and processing of this information.

4. **Are you attending The University of Akron as a guest from another institution?** Yes No
(Student at another institution, only temporarily attending The University of Akron)

If yes, indicate the home institution: _____

5. **Fee Remission:**
Are you, your spouse, or one of your parents an employee (other than Federal Work-Study Student Assistant or a Graduate Assistant) of The University of Akron? Yes No

If yes, will you have an educational fee waiver (fee remission)? Yes No

6. **Authorization to Credit Account:**
I authorize The University of Akron to credit my student account each year that I am in attendance at The University of Akron with financial aid funds to pay current tuition, fees, room, board, discretionary institutional charges, and non-institutional pass-through charges such as health insurance fees. I authorize The University of Akron to pay minor prior year institutional charges, (less than \$200) from current year financial aid.

By signing this form, I acknowledge that I have read and understand The University of Akron's Standards of Satisfactory Academic Progress and refund withdrawal policies.

These policies are located at www.uakron.edu/finaid .

***Note: Each year, hereafter, you have the option to review this form. If no changes are to be made, you will not be required to submit a new Master Institutional Aid Application after submitting this document.**

Signature: _____ Date: _____

PLEASE RETURN TO: The University of Akron, Office of Student Financial Aid Akron, OH 44325-6211