



2020-21 Drug Offense Conviction Worksheet

You may type your information directly onto this form, print to sign, then submit it to the Office of Student Financial Aid. To avoid processing delays, do not submit this form until you have gathered all required documents/forms requested from you.

Section 1. Student Information

Last name _____ First name _____ Middle Initial _____

UA Student ID #: _____

According to the information on your FAFSA (Free Application for Federal Student Aid), you either answered "yes" to Question 23 ("Have you ever been convicted of possessing or selling illegal drugs?") or you left the question blank. **As a result, you need to complete this worksheet and return it to the Office of Student Financial Aid before we can determine your financial aid eligibility.**

1. Have you ever received federal student aid?
Yes No. If "No," stop here. Sign form and return to our office.
2. Have you been convicted for possessing or selling illegal drugs?
Yes No. If "No," stop here. Sign form and return to our office.
3. Did the offense for possessing or selling illegal drugs occur during a period of enrollment for which you were receiving federal student aid (grants, loans, and/or work-study)?
Yes No. If "No," stop here. Sign form and return to our office.
4. Have you completed an acceptable drug rehabilitation program since your conviction?
Yes. If "Yes," stop here. Sign form and return to our office. No.
5. Do you have more than two convictions for possessing illegal drugs?
Yes No.
6. Do you have more than one conviction for selling illegal drugs?
Yes No.
7. Enter the date of your last conviction for **possessing** illegal drugs: _____
If you have no convictions for possessing drugs, skip to #9.
8. If you have only one conviction for **possessing** drugs, add one year to the date in question #7 and enter that date here. *If you have 2 convictions for **possessing** drugs, add two years.* _____
9. Enter the date of your last conviction for **selling** illegal drugs. _____
If you have no convictions for selling drugs, skip to #11.
10. If you have only one conviction for selling drugs, add **two years** to the date in #9: _____
11. Look at the dates for #8 and #10. Write the later one here. If there is only one date, enter it here. _____

Section 2. Certification. Each person signing this worksheet certifies that all of the information reported on it is complete and accurate. **Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student signature: _____ Date: _____

Electronic signatures will not be accepted. Please print this form to sign before submitting.

Section 3. Submission.

Do not submit this form until you have gathered all other required documents/forms to avoid delays in processing. When all required documents have been gathered, you may submit your information by: a) mail to the address below; b) fax to 330-972-7139; c) deliver to the Office of Student Financial Aid, 2nd Floor, Simmons Hall; or d) upload your document(s) in the Student Center of MyAkron (under "Finances"). **Watch for two-sided documents. Be sure to include both sides when faxing. Do not email any documents with personally identifiable information.**