2018-2019 Financial Aid Transfer Form

<table>
<thead>
<tr>
<th>Student's Printed Name</th>
<th>UNM ID Number</th>
<th>Date of Birth</th>
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<tr>
<th>Telephone Number</th>
<th>E-mail Address</th>
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Please read the instructions carefully.

If Section 1 applies to you, sign, date and return this form to our office.

If Section 2 applies to you, send this form to the student financial aid office at the college or university that you are transferring from.

Section 1
I certify that I did not attend any other colleges or universities during the 2018-2019 aid year. I understand that if I receive financial aid at the University of New Mexico and it is discovered that I received aid at another school, then my aid will be reversed and I will be responsible for the resulting charges.

Student’s Signature: ___________________________ Date: ____________

Section 2
Send this form to the Financial Aid Office of the university from which you transferred. The delegated official of your previous university should complete the section below for the 2018-2019 aid year and send the form to us via fax or mail. Our contact information is at the bottom of the page.

Institution transferring from: _______________________________________________________

Institution official’s name (preparer): _________________________________

Institution official’s phone # (preparer): _________________________________

Institution official’s email address (preparer): _________________________________

Previously paid Pell Grant for the aid year: _________________________________

Previously paid subsidized loans for the aid year: _________________________________

Previously paid unsubsidized loans for the aid year: _________________________________

Comment Area (if needed):
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Institution Official’s Signature: ___________________________ Date: ____________

By signing this form, you are certifying that all future disbursements have been canceled.