

2026-2027 EARNED HOURS FORM - DOCTORATE OF PHARMACY STUDENTS

COMPLETING AND SUBMITTING THIS FORM

Documents **MAY ONLY** be submitted via U.S. Mail, FAX, or Secure Document Upload. To upload documents: Login to Ferris360; search for "Secure Document Upload". **EMAILED DOCUMENTS ARE NOT SECURE AND WILL NOT BE ACCEPTED.**

FSU Office of Scholarships & Financial Aid
1201 S. State Street, CSS 101, Big Rapids, MI 49307
Phone: 231 591-2110 Fax: 231 591-2950
Email: finaid@ferris.edu

Kendall College of Art & Design
17 Fountain Street NW, Grand Rapids, MI 49503
Phone: 616 451-2787 Fax: 616 831-9689
Email: kcadfinaid@ferris.edu

SECTION 1: STUDENT IDENTIFICATION

Student Last Name _____ First Name _____ M.I. _____ Student ID # _____

Permanent Address (include apt. number) _____ Phone Number (include area code) _____

City _____ State _____ Zip Code _____ Email _____

SECTION 2: CREDIT HOUR CONFIRMATION

Congratulations on your admission to the Doctorate of Pharmacy program. Our records indicate that at the time of your admission, you had earned less than 72 credit hours. This form is to clarify your intent and status for financial aid awarding purposes.

I will have earned less than 72 credit hours at the beginning of the fall 2026 semester.

If you check this box, please follow the instructions on this webpage to file your FAFSA or modify it if already filed: www.ferris.edu/72. You will be awarded financial aid as an undergraduate student until you have earned a minimum of 72 credit hours.

I will have earned 72 or more credit hours at the beginning of the fall 2026 semester.

We will offer you financial aid as a Graduate level student, upon receipt of this form, provided you have a valid FAFSA on file. Please note that you will be required to submit transcripts as soon as possible if you have earned credit hours at any other institution. Your financial aid funding will not disburse until we have confirmed that you have earned 72 prior credit hours.

SECTION 2: CERTIFICATION

By signing this form, I certify that all of the above information is complete and correct. Student must sign this form in ink. **Electronic or typed signatures are NOT acceptable.**

Student Signature: _____

Date: _____

FOR OFFICE USE ONLY

GRAD/UG: _____

RRAAREQ UPDATED: _____

HOLD: _____

Date: _____

Initial: _____