

DEGREE _____

OFFICE OF SCHOLARSHIPS & FINANCIAL AID
2026-2027 DEGREE EARNED DETERMINATION FORM

COMPLETING AND SUBMITTING THIS FORM

Documents be submitted via U.S. Mail, FAX, or email.

FSU Office of Scholarships & Financial Aid

1201 S. State Street, CSS 101, Big Rapids, MI 49307
Phone: 231.591.2110; FAX: 231.591.2950; finaid@ferris.edu

Kendall College of Art & Design

17 Fountain Street NW, Grand Rapids, MI 49503
Phone: 616.451.2787; FAX: 616.831.9689; kcadfinaid@ferris.edu

Student Last Name _____

First Name _____

M.I. _____

Student ID # _____

Permanent Address (include apt. number) _____

Date of Birth _____

City _____

State _____

Zip Code _____

Phone Number (include area code) _____

SECTION 1: ENROLLMENT STATUS

You indicated on your 2026-27 FAFSA that as of fall 2027, you will be:

1. Enrolled in a master's or doctoral degree (such as an MA, MBA, MD, JD, PhD, EdD, graduate certificate, etc.) **OR**
2. You will have already earned your first bachelor's degree.

However, you are currently not admitted into a graduate or professional degree program for the 2026-27 academic year, nor do we have a record that you have previously earned a bachelor's degree.

Please indicate the **ONE** response below that reflects your correct enrollment status for 2026-27:

I will be working toward a graduate or professional degree program.

I will be working toward an undergraduate degree (associates or bachelor's) degree. If yes, please select one of the following options:

I have already earned a previous bachelor's degree.

I have not earned a previous bachelor's degree.

Please note that if you made a mistake on your FAFSA, we will correct it for you. This correction may flag your application for a process called verification. Similarly, you may be required to log back in to your FAFSA to add parental information. **PLEASE MONITOR YOUR MYFSU ACCOUNT REGULARLY FOR MISSING REQUIREMENTS.**

SECTION 2: CERTIFICATION

I certify that in signing this form, all of the above information is complete and correct. Student must sign this form **IN INK.**
ELECTRONIC OR TYPED SIGNATURES WILL NOT BE ACCEPTED.

Student _____

Date _____

FOR OFFICE USE ONLY:

CORRECTION SUBMITTED:

RSIDEGR__ SOAPCOL__ SAADMS__

DATE: _____ INITIAL: _____