

Office of Financial Aid
2016-2017 Housing Status Update Form

Student Name: _____

SSN (last four digits): _____ Phone Number: _____

Student Type: WOM CAUS GRAD PHARM

Please indicate your housing plan by checking the appropriate box below. A request for an update to housing status should be completed if your housing status is different from that of your final award letter.

My living arrangements for the 2016-2017 year will be:

On –Campus (Resident)

With Parents

Off—Campus

- **It is recommended that you log into your 2016-2017 FAFSA and make changes to your housing status to avoid any possible processing delays.**

Certification and Authorization:

By signing this form, we certify that all the information reported is complete and correct. I understand that if I purposely give false or misleading information on this form, I may be fined, sentenced to jail, or both.

Student Signature

Date