Financial Aid Department
Student Information Form 2012-13
(Print Legibly and in Ink)

Name (Last): ___________________________________ (First): ____________________ (MI): ____________________
VVC ID Number: ______________ Cell phone: ( ) _______________ Home phone: ( ) _______________

Academic program for 2012-13 at Victor Valley College:
Academic program title: ____________________________________________
(i.e. Major course of study)
This academic program is for an: ☐ Associate Degree ☐ Certificate or ☐ Transfer program
What is your expected date of graduation/transfer from Victor Valley College (month/year): __________________________

Recipients of financial aid must be enrolled in an approved academic program which leads to either an
Associate Degree, Certificate of Achievement, or is Transferable toward a Baccalaureate Degree.

Name of other Colleges and Universities previously attended:
(Note: If you have not attended any previous institutions – Write in N/A or Not Applicable

<table>
<thead>
<tr>
<th>Name of School(s)</th>
<th>Units Completed:</th>
<th>Degree(s) or Certificate(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) ____________________________</td>
<td>___________________________</td>
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<tr>
<td>2) ____________________________</td>
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<td>3) ____________________________</td>
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</table>

If you have attended another College/University you must request your official academic transcripts. All transcripts
should be sent to the Victor Valley College Admissions and Records Department. Once ALL Transcripts are on file, you
must meet with an Academic Counselor and request a Student Educational Plan (SEP). Please contact the Counseling
Department for an appointment. You must then submit a copy of your SEP to the Financial Aid Department.

Will you be attending any other Colleges or Universities while attending Victor Valley College during the period June
2012 to August 2013? (Check one ) : ☐ YES or ☐ NO
If YES, you must list the Colleges or Universities below:

<table>
<thead>
<tr>
<th>Name of School(s):</th>
<th>Dates Attending:</th>
<th>Receiving Financial Aid:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) ____________________________</td>
<td>___________________________</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>2) ____________________________</td>
<td>___________________________</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

*Note: “You can only receive financial aid from one (1) school during the same time!”

Student Certifications

I have read and understand the Financial Aid Student Guidelines, Financial Aid Satisfactory Academic Progress Standards and the Financial Aid
Student Withdrawal Policy which is available on the Victor Valley College Financial Aid website located at www.vvc.edu.

I authorize Victor Valley College to deduct any outstanding financial debts owed to the institution from my financial aid funds.

I agree to repay Victor Valley College for any overpayment of funds I received whether due to my misrepresentation of information,
reduction of my enrollment status or institutional error.

I understand I must maintain current name, mailing address, Email address and phone numbers with the Admissions and Records Department
using WebAdvisor. Failure to do so could prevent you from receiving critical financial aid updates, notices, and can delay your check disbursement(s).

I certify that all the information reported is complete and correct.

Signature: ___________________________________________________________ Date: ____________________________

Submit completed form including any requested verification documentation, in person, to the Financial Aid Dept.

3/5/12