

2024-2025 Bachelor's, Graduate, or Professional Degree Confirmation

815 North Orland Smith Rd, CTC-101S Oglesby, Illinois 61348 | E-mail: financialaid@ivcc.edu |Telephone: 815-224-0438 |Fax: 815-224-0638

Student Name:		ID # or SSN: _	D # or SSN:	
_	o your Student Aid Report (FAFSA) or IV(towards a graduate (beyond bachelor's) o tion.		-	
Please c	heck the statement that applies:			
☐ I hav	ve a bachelor's degree from a United Stat	es college or univers	sity.	
			/	
Nam	ne of college or university		Date received	
☐ I hav	e a bachelor's degree from another coun	try.		
	/		/	
Nam	ne of college or university	lame of country	Date received	
[ond high school I have received is: None Certificate (less than two-years) Associate			
REQUIRED and correct.	SIGNATURE: By signing this form I cert	ify that all the infor	mation reported on it is com	plete
WARNING:	If you purposely give false or mislead o jail, or both.	ling information on	this form, you may be fine	d, be
Student Signature → Must be drawn and not typed.			Date	
	For Office Use:	Ву:	Date:	
	SASM degree(s) (resend FADSAPN):			
	AMSC updated: (Highest Degree Earned):			
	CRI updated: (BGP, HD as applicable):			
	ISIR updated: (Has Degree, Masters/Grade	Level):		
	SAPV updated: (SAP Status, as applicable):			