

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

815 North Orlando 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:			
	o your Student Aid Report (FAFSA) towards a graduate (beyond bache tion.				
Please c	heck the statement that applies:				
☐ I hav	ve a bachelor's degree from a Unite	ed States college	or universit	y.	
				/	
Nam	ne of college or university		D	ate received	
☐ I hav	ve a bachelor's degree from anothe	r country.			
				<i></i>	
Nam	ne of college or university	Name of co	ountry	Date received	
[	<ul><li>☐ None</li><li>☐ Certificate (less than two-years</li><li>☐ Associate</li></ul>	5)			
<b>REQUIRED</b> and correct.	SIGNATURE: By signing this form	n I certify that all	the informa	ation reported or	າ it is complete
WARNING:	If you purposely give false or no jail, or both.	nisleading inform	nation on th	nis form, you ma	y be fined, be
Student Signature	→Must be drawn and not typed.		_	Date	
	For Office Use:	I	By:	Date:	
	SASM degree(s) (resend FADSAPN)	:			
	AMSC updated: (Highest Degree Ea	rned):			
	CRI updated: (BGP, HD as applicable	e):			
	ISIR updated: (Has Degree, Masters	/Grade Level):			
	SAPV updated: (SAP Status, as appli	cable):			