

Sandburg Financial Aid
2400 Tom L. Wilson Blvd
Galesburg, IL 61401
Phone: 309.341.5283
Fax: 309.344.2529



**CARL
SANDBURG
COLLEGE™**
www.sandburg.edu

2016-2017 Bachelor's Degree Confirmation

Student's Name _____

Student's ID# _____ Last 4 SSN# xxx-xx-_____

Your application for financial aid indicated you have already completed a four-year bachelor's degree. Please complete the correct statement below.

- I do not have a bachelor's degree. Please correct my financial aid application.
- I have a bachelor's degree. Financial aid is limited to work study and/or student loans.

If you have a bachelor's degree, please give the names of all the colleges you have attended since high school.

Years Attended	College or University	Type of Degree Earned
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify the information provided above is true and complete.

Signature _____ Date _____