

09-10



Office of Student Financial Aid
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5. Do you have more than two convictions for **possessing** illegal drugs?
Only count convictions for offenses that occurred during a period of enrollment for which you were receiving federal student aid (grants, loans and/or work-study).
 YES (If **Yes**, change your answer to question 23 to “3”, and sign and date the form.)
 NO (In **No**, go to question 6.)
6. Do you have more than one conviction for **selling** illegal drugs?
Only count convictions for offenses that occurred during a period of enrollment for which you were receiving federal student aid (grants, loans and/or work-study).
 YES (If **Yes**, change your answer to question 23 to “3”, and sign and date the form.)
 NO (If **No**, go to question 7.)
7. Write the date of your last conviction for **possessing** illegal drugs here: _____
If you have no convictions for possessing drugs, skip to question 9. (mm/dd/yyyy)
8. If you have only one conviction for possessing drugs, add **one year** to the date in question 7, and write that date here: _____
(mm/dd/yyyy)
If you have two convictions for possessing drugs, add **two years** to the date in question 7, and write that date here: _____
(mm/dd/yyyy)
9. Write the date of your last conviction for **selling** illegal drugs here: _____
If you have no convictions for selling drugs, skip to question 11. (mm/dd/yyyy)
10. If you have only one conviction for selling drugs, add **two years** to the date in question 9, and write that date here: _____
(mm/dd/yyyy)
11. Look at the dates you wrote in questions 8 and 10.
If there is only one date, copy that date here: _____ (mm/dd/yyyy)
If there are two dates, write the later one here: _____ Your Eligibility Date

Eligibility dates in question 11

- If your eligibility date is before July 1, 2009, question #23 will be updated to “1”.
- If your eligibility date falls between July 1, 2009 and June 30, 2010, question #23 will be updated to “2”.
- If your eligibility date is after June 30, 2010, question #23 will be updated to “3”.

I certify that all of the information above is complete and correct. I am also aware that this information will be reviewed and submitted electronically to the Department of Education.

Student Signature (required)

Date

DRUG