

Drug Conviction Form
(Use black or blue ink to complete this form)

Student First Name _____ M.I. _____ Last Name _____ University ID Number _____

The questions on this form pertain to how you answered question 23 on your FAFSA.

1. Have you ever received federal student aid?

Answer “No” if you have never received federal student grants, federal student loans or federal work study. You should also answer “No” if you have never attended college.

- NO** (If **No**, change your answer to question 23 to “1”, and sign and date the form.)
 YES (If **Yes**, go to question 2)

2. Have you been convicted for **possessing** or **selling** illegal drugs?

Only include federal and state convictions. Do not count any convictions that have been removed from your record or occurred before you turned age 18, unless you were tried as an adult.

- NO** (If **No**, change your answer to question 23 to “1”, and sign and date the form.)
 YES (If **Yes**, go to question 3)

3. Did the offense for **possessing** or **selling** illegal drugs occur during a period of enrollment for which you were receiving federal student aid (grants, loans and/or work study)?

- NO** (If **No**, change your answer to question 23 to “1”, and sign and date the form.)
 YES (If **Yes**, go to question 4.)

4. Have you completed an acceptable drug rehabilitation program since your conviction?

An acceptable drug rehabilitation program must include at least two unannounced drug tests, and be qualified to receive funds from a federal, state or local government or from a federally or state-licensed insurance company; or be administered or recognized by a federal, state or local government agency or court, or a federally or state-licensed hospital, health clinic or medical doctor.

- YES** (If **Yes**, change your answer to question 23 to “1”, and sign and date the form.)
 NO (If **No**, go to question 5.)

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 (If **No**, go to question 6.)

