

# Briar Cliff UNIVERSITY

the catholic franciscan learning place

## Financial Aid Request Form

### Summer 2018

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Please list the name and number of credit hours for each course you plan to take this summer. All information is required in order for the Financial Aid Office to prepare a summer award letter.

Term	Dates	# of Hours	Name of Course
May Term	May 21-June 8	_____	_____
		_____	_____
		_____	_____
		_____	_____
Summer	May 14-August 17	_____	_____
		_____	_____
		_____	_____
		_____	_____

By signing below, I request financial aid for the courses listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_