

## Office of Financial Aid & Scholarships

900 N. Portland Avenue Oklahoma City, OK 73107 **O**: 405.945.8646 | **F**: 405.945.3319

## Certification of Eligibility for Oklahoma's Promise

NAME:	CWID/SSN:	
NAME:(Please Print)		
Email Address:	Phone Number:	<u> </u>
Please indicate the semester(s) for which you a	are requesting Oklahoma's l	Promise funding:
Fall 2023	Spring 2024	Summer 2024
The above name student is enrolled at OSU-Oki claim funds from Oklahoma's Promise to cove academic progress and federal aid application pelaim Oklahoma Promise funds. This certification additional certification specific to that term.	er their tuition. In order for processing at their <u>home</u> schon is for the term listed above r consideration, submit no	this to occur, certification of the student's nool must be received prior to our ability to e only. Enrollment in future terms will need
(	Certification	
To be completed by	y the Home School Financ	ial Aid Office:
According to state regulations, students will b requirements contained in their <b>home</b> institution below that the above named student meets your	n's Financial Aid Satisfactor	y Academic Progress Policy. Please certify
Is the above name student meeting the requ Policy and eligible for federal and state aid?		school's Satisfactory Academic Progress
Does the student have a 2023-24 federal student	ent aid application (FAFSA	a) on file with the home institution?
	Yes	No
Was student selected for verification?	Yes	No
Has verification been completed?	Yes	No
Printed Name of Financial Aid Staff	College/University	
Signature	Date	