

**UNIVERSITY OF ILLINOIS AT CHICAGO – Office of Student Financial Aid**

1200 W. Harrison St., M/C 334 - Chicago, IL 60607-7163 - Phone: (312) 996-3126 Document Fax Line: (312) 996-3385  
College of Medicine: 808 S. Wood Street, M/C 782 -- Chicago, Illinois 60612-7301 -- Phone: (312) 413-0127

**2017-2018 Degree/Grade Level Correction Form**

**Section A – Student Information (Please print clearly)**

Last Name	First Name	M.I.	Email
Street Address	City	State	Zip Code

**What you should do:**

1. Complete this entire worksheet. You must answer all the questions and the form must be SIGNED.
2. Please submit all documents at the same time.

**Section B – Degree/Grade Information**

On the *Free Application for Federal Student Aid (FAFSA)*, you left questions 29 and/or 30 blank. Check the appropriate answer to each question below and return this form to our office as soon as possible.

<b>Question 29:</b> What will your grade level be when you begin the 2017-2018 school year?	<b>Question 30:</b> What degree or certificate will you be working on when you begin the 2017-2018 school year?
<input type="checkbox"/> Never attended college and 1 <sup>st</sup> year undergraduate <input type="checkbox"/> Attended college before and 1 <sup>st</sup> year undergraduate <input type="checkbox"/> 2 <sup>nd</sup> year undergraduate/sophomore <input type="checkbox"/> 3 <sup>rd</sup> year undergraduate/junior <input type="checkbox"/> 4 <sup>th</sup> year undergraduate/senior <input type="checkbox"/> 5 <sup>th</sup> year/other undergraduate <input type="checkbox"/> 1 <sup>st</sup> year graduate/professional <input type="checkbox"/> Continuing graduate/professional or beyond	<input type="checkbox"/> 1st bachelor's degree <input type="checkbox"/> 2nd bachelor's degree <input type="checkbox"/> Associate degree (occupational or technical program) <input type="checkbox"/> Associate degree (general education or transfer program) <input type="checkbox"/> Certificate or diploma (occupational, technical, or education program of less than two years) <input type="checkbox"/> Certificate or diploma (occupational, technical, or education program of two or more years) <input type="checkbox"/> Teaching credential (nondegree program) <input type="checkbox"/> Graduate or professional degree <input type="checkbox"/> Other/undecided

**Section C – Statement of Authorization**

I authorize the University of Illinois at Chicago's Office of Student Financial Aid to submit a corrected Free Application for Federal Student Aid (FAFSA) to the Federal Processor with the updates as indicated above.

Student Signature	Date
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ENTER YOUR 9-DIGIT UIN 

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