

## **Student Statement of Understanding** 2023-2024

Student Name:	]	D#:	Return documents to the Office of Financial Aid:	
In order to receive Federal and some with several guidelines in order to re initial each statement in black	eceive these funds. Review	the following and	US Mail- 183 College Drive De Queen, AR 71832 Fax-870.642.8766 Scan and email to- Financial Aidi@cccua.edu	
I understand that I must be c receive federal funding.	legree seeking (declare a m	ajor) with CCCUA to	No pictures accepted Return tax forms by US mail, fax or in person only.	
I understand that not all Cer funding.	understand that not all Certificates of Proficiency are eligible for Title IV unding.		You can submit documents to any	
I understand that I must take CCCUA. If I choose to take understand that I will have t	e classes that are not in my	degree plan, I	campus' financial aid department.	
I understand that my Federa status when I am first notifie be adjusted to the amount se Education (ADHE). Fulltim ADHE is 15 credit hours per	ed by the Financial Aid Off at by the Department of Edu he status for Federal funds i	ice. If I am not enrolled function or Arkansas Department	ment of Higher	
I understand that if I withdra funds back to the Departmen balance due at CCCUA.			-	
I certify that I am not incarc	erated.			
I understand that the lifetime will only have 6 years (at fu be allowed to use 6 semester have been used, I understand	lltime status) to complete n rs (3 years) at CCCUA of F	ny degree up to a bachelor's rederal Pell grant funds. Af	s program. I will only fter my 6 semesters	
I have in no way been persu other staff members.	aded to pursue a specific de	egree at CCCUA by the Fin	ancial Aid staff or	
It is my responsibility to foll decide to drop or withdraw t	-	id Office to discuss finance	ial aid ramifications if I	