

**University of New Mexico  
Student Financial Aid Office  
Financial Aid Transfer Form**

Student's Printed Name	UNM ID Number	Date of Birth
Telephone Number	E-mail Address	

**Please read the instructions carefully.**

If **Section 1** applies to you, sign, date and return this form to our office.

If **Section 2** applies to you, send this form to the student financial aid office at the college or university that you are transferring from.

**Section 1**

I certify that I **did not attend** any other colleges or universities during the 2017-2018 aid year. I understand that if I receive financial aid at the University of New Mexico and it is discovered that I received aid at another school, then my aid will be reversed and I will be responsible for the resulting charges.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section 2**

Send this form to the Financial Aid Office of the university from which you transferred. The delegated official of your previous university should complete the section below for the 2017-2018 aid year and send the form to us via fax or mail. Our contact information is at the bottom of the page.

Institution transferring from: \_\_\_\_\_

Institution official's name (preparer): \_\_\_\_\_

Institution official's phone # (preparer): \_\_\_\_\_

Institution official's email address (preparer): \_\_\_\_\_

Previously paid **Pell Grant** for the aid year: \_\_\_\_\_

Previously paid **subsidized** loans for the aid year: \_\_\_\_\_

Previously paid **unsubsidized** loans for the aid year: \_\_\_\_\_

Comment Area (if needed):  
\_\_\_\_\_  
\_\_\_\_\_

**Institution Official's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing this form, you are certifying that all future disbursements have been canceled.

**Please mail or fax to:**

University of New Mexico Student Financial Aid Office  
MSC11 6315  
1 University of New Mexico  
Albuquerque, NM 87111  
Fax #: (505) 277-6326