Financial Aid Transfer Form

<table>
<thead>
<tr>
<th>Student's Printed Name</th>
<th>UNM ID Number</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>E-mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 2019-2020 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 2019-2020 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