# University of New Mexico
## Financial Aid Transfer Form

<table>
<thead>
<tr>
<th>Student’s Printed Name</th>
<th>UNM ID No.</th>
<th>Date of Birth</th>
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<thead>
<tr>
<th>Telephone No.</th>
<th>Email Address</th>
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</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 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 2012-2013 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 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 fill out the below section for the 2012-2013 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  
1 University of New Mexico  
MSC11 6315  
Student Financial Aid Office  
Albuquerque, NM 87111  
(505) 277-6326 Fax