

HRS 2009-10 HOURS VERIFICATION FORM

PLEASE PRINT OR TYPE IN BLACK INK!

STUDENT'S NAME

Last Name

First Name

Soc. Sec. #

EIU ID#

Please complete the following statement indicating the number of hours you expect to be enrolled during 2009-10 academic year.

ON-CAMPUS HOURS

Fall _____ hours

Spring _____ hours

CONTINUING ED - OFF-CAMPUS HOURS

Fall _____ hours

Spring _____ hours

Student's Signature: _____ Date: _____

MAIL THIS FORM TO EASTERN ILLINOIS UNIVERSITY, OFFICE OF FINANCIAL AID, 600 LINCOLN AVE,
CHARLESTON, IL 61920-3099. FAX 217-581-6422.