



**LOUISIANA TECH UNIVERSITY  
Office of Financial Aid**

**Financial Aid Data Form 2024-2025**

**Please return this completed form to:**  
Louisiana Tech University  
Office of Financial Aid  
PO Box 7925 Ruston, LA 71272

STUDENT'S Last Name

First Name

MI

STUDENT'S CWID or SSN

STUDENT'S Home Phone (Include area code)

STUDENT'S Email Address

STUDENT'S Cell Phone (Include area code)

**My expected COLLEGE graduation date from Louisiana Tech is:**

*\*This date is only an estimate and can be updated as needed.\**

**Note:** If you will complete an undergraduate degree this year and plan to enter graduate school, you must be unconditionally admitted to be eligible for graduate level aid. You will also have to make a change on your FAFSA after your last undergraduate disbursement.

School Term (Quarter)	# Credit Hours Planned	Housing Plans? <i>Choose one code:</i>
Fall 24-25 (Sept - Nov)		Housing Codes (see below):  ZIP Code for Housing choices 2 or 3:  1 = On Campus - university-controlled housing assigned by the housing office 2 = With Parents - living at your parent's home and commuting regularly to campus 3 = Off Campus - living in a leased / purchased housing not with parents or other relatives who are not students
Winter 24-25 (Dec - Feb)		
Spring 24-25 (March - May)		
Requests for aid for Summer 2024 (June-Aug) will not be processed at this time and will not appear on your award letter. An email notice will be sent to students in Spring, 2024, when a form is available to request Summer Aid.		<b>Military Housing:</b>  I or my parents live in on-base military housing or in housing for which the military provides a Basic Allowance for Housing (BAH)
Full-time credit hours are 8+ (undergraduate) 6+ (graduate) Half-time credit hours are 4+ (undergraduate) 3+ (graduate) <b>Financial Aid budgets are estimated on credit hours planned, but are adjusted based on actual enrollment hours.</b>		

I, my parent(s), or my spouse work for Louisiana Tech University or another University of Louisiana System (ULS) school as a **full-time employee**. Do NOT include federal or institutional work-study as a student employee.

**Access Code Designation**

The code you enter below may be used by you and those persons whom you wish to have access to your financial aid records. Your code will remain in effect until rescinded or a new code is provided in writing by you, the student. Care should be exercised to secure this access code. Unauthorized use of this code by others could lead to identity theft from financial aid data.

ACCESS CODE: Enter a combination of 4 alpha / numeric characters:

By selecting yes, you agree to receive electronic communication (via SMS Messaging, college email, personal email, etc.) from the Louisiana Tech University Office of Financial Aid. By selecting no, you agree to only receive paper communication from the Louisiana Tech University Office of Financial Aid.

Do you opt-in to electronic communication?      Yes      No

I permit Louisiana Tech University to use any Title IV Federal Aid that I receive to pay any institutional fees, charges, and fees related to my attendance at Louisiana Tech University. This permission pertains to charges for the award year for which I am receiving financial aid and minor prior year charges up to \$200. I understand that I may rescind (in writing) this permission at any time. Allowable charges include tuition and fees, residence hall rent, meal plans, debit card (Tech Express), late registration fee, returned check fee, library fines and lost book charges, traffic fines, application fee, housing room deposit, miscellaneous housing charges and fines, SGA loans, bookstore charges, athletic book charges, married student housing rent, lost ID Card fee, and various departmental charges and fines.

I certify that the above information is true and correct to the best of my knowledge. If this form has been completed with intent to receive federal financial aid on the basis of false or incomplete information, I understand that I am subject to denial of aid and possible federal prosecution.

Student's Signature:

Date:

I understand that I must meet the Satisfactory Academic Progress requirements for Louisiana Tech University in order to be eligible for and to retain federal financial aid.

I acknowledge receipt of a copy of the [Satisfactory Academic Progress Policy](#) by initialing in this box.

INITIALS

Student's Signature:

Date: