

REQUIRED (PLEASE PRINT)

DEGREE

NORTH·SHORE
COMMUNITY COLLEGE

SSN: ____ - ____ - ____ - ____ - ____ - ____

LAST NAME: _____

FIRST NAME: _____

STUDENT FINANCIAL SERVICES
One Ferncroft Road, Danvers, MA 01923-0840
(978) 762-4189 or (781) 477-2191
www.northshore.edu

Statement of Degree Information 2008-09

By affixing my signature, I certify that I have not completed a Bachelor's or advanced degree, nor will I complete one by July 1, 2008. I do not have a degree from another country that is the equivalent of a baccalaureate or advanced degree.

I understand that if I purposely give false or misleading information on my financial aid application I may be fined \$10,000.00, sent to prison or both.

Signature: _____ Date: _____

Address

City State Zip