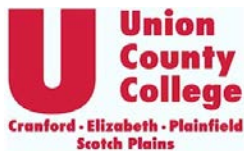


# Financial Aid Office – financialaid@ucc.edu



CRANFORD CAMPUS  
1033 Springfield Ave  
Cranford, NJ 07016  
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PLAINFIELD CAMPUS  
232 East Second Street  
Plainfield, NJ 07060  
Phone: (908) 412-3571  
Fax: (908) 791-4965

## Statement of High School Graduation

Student Name: \_\_\_\_\_

Student ID# \_\_\_\_\_

Do you have a High School Diploma or equivalent?

Yes

No

If you received a High School Diploma, please state the following:

I certify that I graduated from \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_.

If you received an equivalent, please state which equivalent:

GED completed on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Home School completed on \_\_\_\_/\_\_\_\_/\_\_\_\_.

None of the Above

I certify that all information on this form is true and complete to the best of my ability. I understand that giving false or misleading information may result in denial or cancellation of financial aid.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_