

Student Data Form 2023-2024

Student ID: W00		
First Name:	MI: Last Name: _	
Date of Birth:	Home Phone:	
Cell Phone: E	mail Address:	
Semesters you plan to ATTEND WSU Tech (circle all that apply):	
FALL 2023 (Aug – Dec)	SPRING 2024 (Jan – May)	SUMMER 2024 (June/July)
Program you plan to enroll/are enrolle	ed in:	
Anticipated Graduation Date:	(month)	(year)
Please check here if you HAVE receive	d a bachelor's degree.	
By signing this form, I certify that all of the	information reported to qualify for F	ederal student aid is complete and correct.
Student signature		Date
In addition to the Student Data Form, V complete a Student's Rights and Respo Should you have someone you would li to contact us on your behalf, the Conse	nsibilities Form. ke to have access to your inform	ation here at WSU Tech, and/or be able

WSU Tech Financial Aid 4004 N. Webb Rd. Wichita, KS 67226 316-677-9400