

## MASTER'S DEGREE SELF-CERTIFICATION FORM

### STUDENT INFORMATION (PLEASE PRINT)

Full Name: \_\_\_\_\_  
LU Student ID#: \_\_\_\_\_

### MASTER'S DEGREE INFORMATION (PLEASE PRINT)

Name under which you attended: \_\_\_\_\_  
Name of institution where you obtained your Master's Degree: \_\_\_\_\_  
Location (city and state): \_\_\_\_\_  
Month and year of your Master's degree conferral: \_\_\_\_\_  
Last date of class for your Master's degree: \_\_\_\_\_  
Date planning to start Post-Master's degree with Liberty University: \_\_\_\_\_  
*(This date must be after the last date of class for your Master's degree)*

I certify that I have or will have graduated from my Master's degree program by the time I start my Post-Master's degree with Liberty University. I understand that if I provide false information about graduating from my Master's degree program I may be required to return any Title IV financial aid funds that I have received.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_