Non-Candidate for Degree Questionnaire 2017-2018

Information on this form is needed to process your application for financial aid. Complete and return to the address above within 30 days.

STUDENT’S NAME: LAST FIRST M.I. UMID NUMBER (8 digits) EMAIL ADDRESS

INSTRUCTIONS:
The University of Michigan – Ann Arbor allows three options for students to receive financial aid as a Non-Candidate for Degree. If none of these apply, you are not eligible for federal financial aid. You may be eligible to borrow through a private loan source.

☐ Enrollment to complete required prerequisite course work > SECTION A (below)
   • To be completed by Degree Program Admissions Official.
   • A student is required to complete specific prerequisite courses prior to admission to any UM-Ann Arbor degree program.
   • Specific courses must be outlined including course name, course number and numbers of credit hours.
   • Students must register for at least six APPROVED credits.
   • A new form must be completed for each subsequent term.

☐ Enrollment as a Guest Student > SECTION B (p. 2)
   • To be completed by your home institution’s financial aid office and academic advisor. (Example: A student attends Western Michigan University and his parents live in Ann Arbor. When home for summer vacation, he decides to take a required math course.)
   • The class MUST transfer to the student’s home institution (in the above example, Western Michigan University).

☐ Enrollment in Teacher Certification Program > SECTION C (p. 2)
   To be completed by Academic Administrator for your teacher certification program. You must be enrolled in teacher certification program at UM-Ann Arbor. Other U-M certificate programs do not qualify.

SECTION A: To be completed by degree program admissions official. A new form must be completed for each subsequent term.

Is this student required to complete specific prerequisite courses prior to admission to the following U-M–Ann Arbor degree program?
☐ Yes ☐ No Name of Program ____________________________

This student is required to complete the following specific courses (attach additional sheet if necessary):

<table>
<thead>
<tr>
<th>COURSE NAME</th>
<th>COURSE NUMBER</th>
<th>CREDIT HOURS</th>
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This student’s term of prerequisite enrollment is:
☐ Fall _________(year) ☐ Winter _________(year) ☐ Spring _________(year) ☐ Summer _________(year)

Student must complete the prerequisite courses listed to be considered for admission to this program. Completion does not guarantee admission.

Signature of Admissions Official Date Print Name and Title Telephone Number

NOTE: Eligible students will be considered for Federal Direct Loan funds for a maximum period of twelve consecutive months of prerequisite enrollment at U-M–Ann Arbor, as long as the student has not previously borrowed Federal Stafford Loan funds to complete prerequisite course work for admission to a degree program at a post-secondary institution. For students enrolled in course work necessary to enter a second undergraduate program, loan eligibility will not exceed $2,625 for dependent students or $8,625 for independent students (or dependent students whose parents cannot borrow PLUS). For students enrolled in course work necessary to enter a graduate program, loan eligibility will not exceed $5,500 for dependent students or $12,500 for independent students (or dependent students whose parents cannot borrow under the PLUS program).

OFFICE USE ONLY:
☐ Override Program Length in Years Program Length in Years: __________ Weeks Programs Academic Year: __________
☐ Override Special Program Flag SULA Special Program: __________ Credential Level: __________
SECTION B: To be completed by home institution financial aid and academic advisors.

After you have completed questions 1 and 2 below, submit this form to your home (degree-granting) college or university. 
Note that information and certification are needed from both your college’s financial aid office and academic advising office.

1. I am enrolled in a degree program at: __________________________
   HOME INSTITUTION NAME _______________________________________________________________
   FINANCIAL AID OFFICE ADDRESS _______________________________________________________
   CITY, STATE, ZIP ___________________________________________________________________

2. I plan to register for the following University of Michigan courses:

<table>
<thead>
<tr>
<th>Fall Term (Sept.–Dec.)</th>
<th>Winter Term (Jan.–April)</th>
<th>Spring/Summer Term (May-Aug.)</th>
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<tbody>
<tr>
<td>Course No.</td>
<td>Title</td>
<td>Credit Hours</td>
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3. To be completed by a credit evaluation official/academic advisor at your home institution:
   a. This student has been admitted to or is enrolled in the following degree program at our institution:
   ______________________________________________________________________________________
   b. The courses listed above will be accepted for credit in the student’s degree program as if taken at our institution. ☐ Yes ☐ No
   c. This student ☐ has earned a bachelor’s degree. ☐ has not earned a bachelor’s degree.

   Signature of Credit Evaluation/Academic Advisor Official __________________________
   Date __________________________ Print Name and Title __________________________ Telephone Number __________________________

4. To be completed by an authorized financial aid administrator at your home institution:
   a. This student is meeting our institution’s satisfactory academic progress requirements. ☐ Yes ☐ No
   b. Have you disbursed any Federal Pell Grant or Federal Direct Loan for this student during this current academic year? ☐ Yes ☐ No
      If yes, please list when and how much was disbursed on separate sheet and attach.
   c. The student’s current academic grade level is: __________________________

   Signature of Financial Aid Administrator __________________________
   Date __________________________ Print Name and Title __________________________ Telephone Number __________________________

NOTE: Eligible students will be considered for Federal Pell Grant and/or Federal Direct Loan funds while attending U-M–Ann Arbor as a Guest Student.

SECTION C: To be completed by the academic administrator for your teacher certification program.

1. This student has been admitted to or is enrolled in the following teacher certification program at UM-Ann Arbor: __________________________
2. This student will register as a regular student and pay tuition to UM-Ann Arbor throughout the teacher certification program: ☐ Yes ☐ No
3. This student ☐ has ☐ has not earned a bachelor’s degree.
4. This student will need approximately _____ semesters to complete the teacher certification program.
5. This student must enroll in the following courses (ie: EDUC 391) for this academic year (please note that enrollment in courses not listed will not count toward eligibility for financial assistance. Course enrollment will be verified each semester before aid is disbursed)

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<th>Fall 20</th>
<th>Winter 20</th>
<th>Spring 20</th>
<th>Summer 20</th>
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<td>COURSE/CREDIT HOURS</td>
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   Signature of Teacher Certification Program Administrator __________________________
   Date __________________________ Print Name and Title __________________________ Telephone Number __________________________

NOTE: Eligible students will be considered for Federal Grant and/or Federal Direct Loan funds for a maximum period of 24 months, while attending U-M–Ann Arbor.