2016-17
NON-DEGREE FINANCIAL AID
REQUEST FORM

The University of Kansas Financial Aid & Scholarships www.affordability.ku.edu	KU Visitor Center 1502 Iowa St. Lawrence, KS 66045	Phone: (785) 864-4700 Fax: (785) 864-5469 Email: financialaid@ku.edu

First Name _____ Last Name _____ MI _____ KUID Number _____

Phone _____ E-mail Address _____

1. Check the statement below that best defines your status.
   I will be enrolled in at least six hours for the _____ terms(s) that are required:
   (Spring, Fall, Summer)
   a. ____ To be accepted into a baccalaureate program.
   b. ____ To be accepted into a graduate program.
   c. ____ For my professional certification (or re-certification) from the State of Kansas as a teacher in an elementary or secondary school in Kansas.

2. List the degree/certification program that you are preparing to complete: _____
3. List the course titles, numbers, and credits of your enrollment for the terms listed above:

	(Course title)	(Course Number)	(Credits)
Example:	**ENGL**	**101**	**3**

4. Have your Department Chair/Dean complete, sign, and date the statement below.

I, _____ affirm that _____ is enrolled or has been accepted for enrollment as indicated above.

In signing this statement, I attest that all hours of the coursework listed above are pre-requisites for acceptance into the designated undergraduate or graduate program or must be completed to earn initial elementary or secondary teacher certification or re-certification from the State of Kansas where the student intends to teach upon completion.

_____ _____

CHAIR/DEAN SIGNATURE **DATE**

5. Sign and return this form to FAS at the address above.

I affirm that all of the information provided above is accurate.

_____ _____

STUDENT SIGNATURE **DATE**