



NON-DEGREE FINANCIAL AID REQUEST FORM

The University of Kansas
Financial Aid & Scholarships
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

TERM INFORMATION:

Summer 20 ____

Fall 20 ____

Spring 20 ____

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:

<i>Example:</i> ENGL	101	3
(Course title)	(Course Number)	(Credits)

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