2007-2008 Non-degree Financial Aid Request

The University of Kansas Office of Student Financial Aid www.financialaid.ku.edu	Strong Hall 1450 Jayhawk Blvd., Room 50 Lawrence, KS 66045-7535	Phone: 785-864-4700 Fax: 785-864-5469 Email: financialaid@ku.edu

(please print or type)

_____ _____

Name Last First Middle Initial KUID

_____ _____

Phone Number Email 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 courses, title and course numbers of your enrollment for the terms listed above.

_____ _____ _____

_____ _____ _____

_____ _____ _____

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 six hours of the coursework 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 the OSFA at the address above.
I affirm that all of the information provided above is accurate.

_____ _____

Student Signature **Date**

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