

OFFICE OF SCHOLARSHIPS AND FINANCIAL AID

WARRINER HALL 202, MOUNT PLEASANT, MI 48859 PHONE: (989) 774-3674; FAX: (989) 774-3634

FINANCIAL AID PORTAL

2024-2025 NON-DEGREE SEEKING STATUS

Student Name (please print)	Phone Number (including area code)	Campus ID Number
_	l, a student must be fully admitted as a degree-seeler certification, enrolled in preparatory coursework wable exceptions.	_
Please indicate your applicable adm	ission status so your financial aid eligibility can be	evaluated.
one who's seeking an additio	ident enrolled in coursework for teacher certificatio anal certification or recertification, required by the S ation Program Administrator at (989) 774-3309 to r below.	State of Michigan. *You must
Please indicate the applicab	le teacher certification program:	
certification or recertification professional advancement or	Endorsement Recertification at least half-time in courses required for elementary required by the State of Michigan. Optional Course recognition do not qualify for federal financial aid. to find alternative sources of financial assistance.	y or secondary teacher es you elect to take for
Teacher Certification: Must Be C	completed by an Education Preparation Program	Administrator
I certify that the above-named studer	nt who is classified as "non-degree" is accepted and e	enrolled in Fall 2024
credit hours and Spring 20	025 credit hours in a teacher certification program wh	ich is required by the state and
will lead to the following specific cert	ification/endorsement:	·
Date this student is expected to comp	plete the indicated certification:	(Month/Year)
Academic Administrator Signature	Academic Administrator Printed Name	 Date
Graduate or Pre-Graduate	Student:	
Regular Admission to a m	naster's or doctoral degree program.	
Date of Admission:		
Graduate Certificate prog	gram: Regular Admission to one of these certificate polarships and Financial Aid Central Michigan University	- -
Date of Admission:		
Preparatory Coursework	(enrolled in <u>required</u> courses seeking admission to a	ın aid-eligible graduate program).
☐ Complete Section I on		
☐ An Academic Admini s	strator must complete Section II on page 2. (<u>Student</u>	must obtain completion.)
Guest Student (or other no	on-degree status)	



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2024-2025 NON-DEGREE SEEKING STATUS (cont.)

Student Name (please print)	Phone Number (including area code)	Campus ID Number	
NOTE : A student is eligible to receive fede maximum period of twelve consecutive m	ification (Preparatory Coursework): Meral student loans for preparatory courseword nonths. A student may be eligible to borrow andent student or up to \$12,500 as an independent	ork <u>one</u> time per academic career for a at a fifth-year undergraduate loan level	
Have you previously received federal fina institution? No Yes Note: This does not income.	ncial aid for preparatory coursework at CN lude your bachelor's degree.	MU or any other postsecondary	
If yes, when	and name of program	<u>.</u>	
I am currently enrolled at least half-time (6 credit hours) in preparatory courses requ	ired for admission to the (e.g. Master of	
cannot count towards the actual graduate	e degree. NOTE : Courses pursued solely to ou simply elect to take do not qualify for fed	raise your grade point average for	
_	Certification is neither a commitment nor a f CMU to admit me as a graduate student o gibility requirements will still apply.		
Student Signature (Handwritten Required <u>C</u>	OR ELECTRONIC SIGNATURE USING GLOB	AL ID) Date	
Section II. Non-Degree Student Aca	demic Certification: Must Be Comple	ted by an Academic Administrator	
I certify that the above-named student wh	no is classified as "non-degree" is or will be	enrolled in Fall 2024 credit	
hours and Spring 2025 credit hours. The above-named student is required to satisfactorily complete the preparatory coursework to be considered for admission to the (e.g. Master of Business Administration)			
	degree program.		
	ard the actual degree program for which the rses must only complete preparatory requir		
The expected date this student may be acmonth/year	dmitted as degree-seeking to the noted grac	duate degree program:	
Academic Administrator Signature	Academic Administrator Printed Name	Date	
Department	Phone Number		
Student: Certification and Signatu	ıre		
SIGNATURE REQUIRED: 1 c knowledge. I also certify that the Office of Sc	ertify that the information provided on this for holarships and Financial Aid will be notified if	circumstances change.	
${f S}$ tudent Signature (Handwritten Required ${f OR}$	R ELECTRONIC SIGNATURE USING GLOBA	L ID) Date	