

The University of Montana Western

Post-Baccalaureate Financial Aid Eligibility

Name (please print)

UMW ID#

Current Degrees Received:

| Type of Degree (Bachelor's; Associates; Masters etc) | Name of Degree | University Received From | Date Received | Official Transcript Requested |
|---|----------------|-----------------------------|------------------|-------------------------------------|
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Other colleges/universities attended, not listed above:

| Name of College | Year Attended | Aid Received | Official Transcript Requested |
|-----------------|---------------|--------------|-------------------------------|
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Type of Program you are seeking at UMW (circle one)

Teacher Certification **OR** 2nd Bachelor's **OR** Associates **OR** Certificate

I understand that I must submit and/or comply with each item listed below. I have initialed each item below to confirm my understanding:

___ Complete, sign and submit this Post-Baccalaureate form to the Financial Aid Office

___ Attach a signed Plan of Study from my advisor listing **ALL** required coursework that I must take for the program circled above

___ Understand that the maximum number of attempted hours allowed is 240

___ Hours include all of my attempted and transferred hours accepted at UMW

___ If total of attempted+transfer+required hours exceed 240, I will **not** qualify for federal financial aid

___ I can only enroll in required courses for my above circled program

___ I must maintain Satisfactory Academic Progress to receive future financial aid

___ I have requested Official Transcripts from ALL colleges/universities I have attended

___ My financial aid will not be processed until all required documents are submitted

Signature _____

Date _____

University of Montana Western, Financial Aid Office, 710 South Atlantic, Dillon, Montana 59725 Phone (406) 683-7511

Email: finaid@umwestern.edu