The University of Montana Western

Post-Baccalaureate Financial Aid Eligibility

Name (please print)			UMW ID#			
Current Degree	es Received:					
Type of Degree (Bachelor's; Associates; Masters etc)	Name of Degree		University Received From		Date Received	Official Transcript Requested
Other colleges/ur	niversities attended	, not listed abov	/e:			
Name of College		Year Attended		Officia	Official Transcript Requested	
below to confirm n Comp I Und Stude qualit	olete, sign and subm derstand that I am cl ent Loans or Work St fy for the loans or wo	it this Post-Bacca assified as an Ur tudy Only & I mu ork study	alaureate form to to Indergraduate stu Ist be enrolled in	the Finar udent, m at least	ncial Aid Offi ay qualify fo 6 credit h o	ce or Federal ours to
	th a signed Plan of S I <u>must</u> take for the p		_	required	d coursework	Κ
I can	only enroll in requ	ired courses for	my above circled	program	identified o	n my Plan
	nroll in courses NOT e semesters and an	•	• • •	financial	aid will be c	cancelled for
I mu	st maintain Satisfacto	ory Academic Pro	gress (SAP) to re	ceive fut	ure financial	aid
I hav	e requested Official	Transcripts from	ALL colleges/univ	ersities 1	I have atten	ded
My fi	nancial aid will not b	e processed unti	all required docu	ments a	re submitted	I
Signature		D	ate			

University of Montana Western, Financial Aid Office, 710 South Atlantic, Dillon, Montana 59725 Phone (406) 683-7511 FAX: 406-683-7510 Email: finaid@umwestern.edu