$The University {\it of} Montana Western$

Post-Baccalaureate Financial Aid Eligibility

Name (please print)				UMW ID#				
Current Degree	es Received:							
Type of Degree (Bachelor's; Associates; Masters etc)	chelor's; ociates;			University Received From		Date Received	Official Transcript Requested	
Other colleges/u	niversities attended	l not listed ah	00//	a.				
Other colleges/universities attended Name of College		Year Attended				al Transcript Requested		
Traine or conegr				7.1.4 1 (555.1 54	01110101		110900000	
Type of Progra	am you are seel	king at UMV	v (circie one)				
Teacher Ce	rtification/Endorseme	ent <u>OR</u> 2 nd Ba	che	elor's <u>OR</u> Associ	ates OF	Certificate	!	
	I must submit and/o	r comply with e	each	n item listed belo	w. I have	e initialed ea	ach item	
below to confirm r	ny understanding:							
	plete, sign and subm							
Stud	derstand that I am c ent Loans or Work S fy for the loans or w	tudy Only & I i		•	•			
I hav	<i>,</i> ve Attached a signed I <u>must</u> take for the p	Plan of Stud	-	-	sting AL I	L required co	oursework	
	change or ADD to r tudy to the Financial (SPED), I will n	Aid Office. (ie: if	see	•				
I car	n only enroll in requ	iired courses fo	or n	ny above circled	program	identified o	n my Plan	
	enroll in courses NO re semesters and an	•		,, ,	inancial	aid will be c	ancelled for	
I mu	st maintain Satisfact	ory Academic F	rog	gress (SAP) to red	ceive futi	ure financial	aid	
I hav	ve requested Official	Transcripts fro	m 🖊	ALL colleges/univ	ersities 1	have atten	ded	
My f	inancial aid will not b	oe processed ur	ntil	all required docu	ments ar	e submitted		
Signature			Da	nto.				

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