

Student Name _____ Banner ID + _____

Student Email _____@MiamiOH.edu

The student has been classified by the Registrar's Office as non-degree seeking or seeking a second bachelor's degree. Non-degree seeking students are not eligible for federal financial aid. Submit the applicable information from the sections below to the One Stop to be considered for aid.

- Check if the student is not seeking a second Bachelor's degree, Teacher Certification/Licensure, or is not a conditional graduate student.

SECOND BACHELOR'S DEGREE (To be completed by Academic Advisor)

Students pursuing a second undergraduate degree must be enrolled in a different degree program than the one previously completed in order to be eligible for financial aid.

1. List type of degree(s) previously earned and the date granted: _____ Date: _____
2. List type of degree that student is currently seeking: _____
3. The number of credit hours from all previous degrees that will count towards new/current degree according to a DARS audit: _____
4. Additional credit hours needed to complete degree (Including current enrollment): _____

TEACHER CERTIFICATION/LICENSURE (To be completed by Academic Advisor)

Students seeking principal or leadership licensure are ineligible.

1. List the program the student has applied to and will receive certification/licensure: _____
2. Attach the student's specific plan of coursework by academic semester. This plan must list each course subject & number.
3. Are the courses in the attached plan of study required for certification/licensure? Yes No
4. What is the student's expected program completion date: _____

CONDITIONAL GRADUATE STUDENT (To be completed by Academic Advisor)

1. Has the student been officially accepted or conditionally accepted into the graduate school? Yes No
2. The reason for the conditional status: (check one);
 Low GRE test scores Low undergraduate GPA Prerequisite courses needed Late application
3. Attach the student's specific plan of coursework by academic semester. This plan must list each course subject & number.

Academic Advisor Signature (Original, not typed)_____
Date_____
Print Academic Advisor Name_____
Advisor Phone Number

CERTIFICATION: I certify that all information reported to qualify for federal student aid is complete and correct and that purposely giving false or misleading information may lead to fines, prison or both.

Student Signature (Original, not typed)_____
Date**Please return this form to the One Stop:**

Miami University - One Stop - 301 S. Campus Ave. - Oxford, OH 45056 513-529-0001
Email: OneStop@MiamiOH.edu - Fax: 513-529-8713 - Web: MiamiOH.edu/OneStop