FRANCISCAN
MISSIONARIES OF OUR LADY
UNIVERSITY

2026-2027 Non-Matriculating Certification Statement

Student's Name: _____ **SID:** _____

A student must be enrolled in a degree or certificate program in order to receive any type of Federal Student Aid (FSA). Our records indicate that you are currently classified as a non-matriculating student, and therefore you are not eligible to receive FSA, but in certain circumstances, non-matriculating students may be considered for aid. Based on the information provided on this form, our office will determine if you are eligible to be considered for federal financial aid as a non-matriculating student. Please note that if you are approved to receive aid, your annual loan limit as a non-matriculating student is less than that of a degree-seeking student. Non-matriculating students may only receive aid for a period not to exceed 12 consecutive months.

Please indicate which degree/certificate you will be working as a non-matriculating student and submit this form to the Dean's office of the college school in which you plan to enroll.

I plan to pursue a degree in _____ at FRANU.
(Curriculum)

I am completing certification requirements in _____ at FRANU.
(Name of Program)

Student Signature: _____Date: _____

TO BE COMPLETED BY DEAN / DEPARTMENT

Please check the appropriate box for each of the following statements regarding the student's enrollment goals for the 2026-2027 academic year.

☐Yes ☐No	The student is attempting to raise his or her GPA to meet admissions requirements for the above listed program.
☐Yes ☐No	The courses the student will be taking as a non-matriculating student will be used only as a means to determine if the student will be admitted to the above listed program.
☐Yes ☐No	The student is attempting to gain admittance into a graduate program but has not taken the GRE or received scores sufficient for admittance into the above listed program.
☐Yes ☐No	The student has missed the admission deadline for the above listed program.
☐Yes ☐No	The particular courses the student will be taking as a non-matriculating student are required for admission into the above listed program. The student will not be admitted to the program without having completed these particular courses.

_____ _____
Signature of the Dean or designated representative *Please print or type your name and title*

_____ _____
Date *Telephone*

Please email this form to financialaid@franu.edu

Dean / Department, please note: Once completed, please email form to our office at financialaid@franu.edu