Contract for Nondegree Aid

Office of Financial Aid
UNIVERSITY OF COLORADO BOULDER

Name: _____ **ID:** _____
Student's Name (Last, First, M.I.) Student Identification Number (SID)

This form is for Nondegree students only. If you're degree-seeking, please call our office.

1. **Are you taking courses required for acceptance into a second undergraduate or graduate program?**
   - ◯ Yes
   - ◯ No *(Skip to signature)*
2. **Complete the table**
   List each semester you plan to enroll in and receive aid for and the number of credit hours you plan to take.

Semester & Year (example: Fall 2026)	**Credit Hours**
Semester: _____ 20____	
Semester: _____ 20____	
Semester: _____ 20____	

Reminder, it's your responsibility to notify the Office of Financial Aid if your intended enrollment changes. Failure to notify of a change in enrollment may result in a delay of your financial aid.

3. **List post-secondary institutions you've attended during the last two calendar years**
   Leave blank if you haven't attended an institution beyond high school.

   Name of Institution: _____

   City: _____ State: ____ Zip: _____

   Dates of Enrollment: _____ to _____

Acknowledgement

As a basis for nondegree loan eligibility at the University of Colorado Boulder, I understand and agree to comply with the following terms:

- Title IV loan eligibility is limited to a maximum of 3 consecutive terms (i.e. fall, spring, summer).
- You must enroll at least half time (6 credit hours) each term to be eligible for aid.
- A student is ineligible for nondegree aid if concurrently admitted to a degree program at another institution.
- Each semester and cumulative GPA must be a minimum of 2.0.
- You won't be eligible for future nondegree federal aid if you receive an I, F, or W for any coursework during a term. Withdrawing from a term will result in an adjustment to your aid.
- Satisfactory completion of coursework taken as a nondegree student does not guarantee admission into a degree program.
- Nondegree students applying to a graduate program may be limited in the number of transferable credits into graduate program.

By signing this form, I understand that financial aid received through this program is to be used for paying my bill. I further understand that if I exhaust my financial aid eligibility within 3 consecutive terms, I'm responsible for the remainder of my bill.

_____ _____
Student signature Date
Electronic and typed signatures are not acceptable.

Please submit your form by mail or online at https://www.colorado.edu/financialaid/forms/secure-document-upload
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