

Student Financial Services

Mellencamp Hall, Room 162, P.O. Box 469, Milwaukee, WI 53201-0469
Phone: (414) 229-4541 Fax: (414) 229-5699 Email: finances@uwm.edu

2025-26 NON-DEGREE ENROLLMENT VERIFICATION FORM

Student: Please complete the top portion of this form and forward it to an academic advisor/administrator in the department to which you are seeking admission.

Applicable Semester(s): Fall 2025 Spring 2026 Summer 2026

Student Name: _____ Student ID#: _____

Email Address: _____ Phone: _____

***IMPORTANT* Have you ever received Federal Direct Loan funds for preparatory coursework at UWM or any other school? YES NO (You must check one)**

Non-Degree students are **not** eligible for financial aid funds **except** under specific circumstances. The exception is as follows:

Student is enrolled at least half time in courses **required** to make up deficiencies or meet pre-requisites for admission to a graduate degree program offered by UW-Milwaukee. Half time enrollment is defined as 4 credits for graduate non-degree students or 6 credits for undergraduate special students.

Note: Non-Degree/special students without a bachelor's degree do NOT qualify for Financial Aid.

This section must be completed by an academic advisor/administrator:

Is the student required to take courses to make up deficiencies or meet prerequisites prior to applying for entry into a UWM graduate degree program? YES NO

Taking courses only to raise GPA for admittance does not qualify. Taking courses while waiting for acceptance to a program does not qualify. Generally, courses taken must NOT apply towards degree. However, if a student must prove they can complete graduate level coursework successfully, courses taken may apply towards degree.

If yes, please list **ALL** required coursework (even if coursework will be taken in a subsequent semester). Indicate the reason for taking the prerequisites and program the student is seeking to enter. If the required coursework changes, a new form must be submitted.

REQUIRED courses the student must complete:

Course # _____	Course # _____	Course # _____	Course # _____
Course # _____	Course # _____	Course # _____	Course # _____

Reason student is required to take pre-requisites:

The name of the academic program the student is seeking to enter: _____

Signature Section:

Program Contact- Printed Name	E-mail address	Phone
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Program Contact - Signature	Department	Date
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Please return form to: Brian Fischer, email: bfischer@uwm.edu, Fax: 414-229-5699