



Financial Aid Office  
 Lommasson Center 218  
 Missoula, MT 59812-1254  
 Phone: (406) 243-5373  
 Fax: (406) 243-4930  
 faid@mso.umt.edu

## School of Extended and Lifelong Learning Agreement with Financial Aid

Name: \_\_\_\_\_ UM ID#: 790-\_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Please complete the following steps and return to the Financial Aid Office:**

1.) # of UM credits enrolled for the term below \_\_\_\_\_

2.) Classes to be taken at the School of Extended and Lifelong Learning \_\_\_\_\_ Semester 20\_\_\_\_\_

<u>Course #</u>	<u>Course Name</u>	<u># Credits</u>	<u>Special Course Fees</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

<b>Total</b>	<b>Total Credit</b>	<b>Total costs - Special Course</b>	
<b>Credits</b> _____	<b>Costs \$</b> _____ (a)	<b>Fees \$</b> _____ (b)	<b>Total Costs \$</b> _____ (a+b)

3.) I certify the above-named student has been approved for course work at the Host School and that the credits will be accepted toward the student's degree at The University of Montana.

\_\_\_\_\_  
 UM Dean's or Chair's Signature    Printed Name/Title    Phone #    Date

- 4.)
- I understand that School of Extended and Lifelong Learning courses are not state funded and tuition waivers do not apply toward School of Extended and Lifelong Learning courses.
  - I understand that I must be admitted into a degree seeking program to receive federal aid
  - I understand I am taking School of Extended and Lifelong Learning courses that will apply towards my degree from The University of Montana.
  - I understand that I need to be registered for 6 or more total credits to receive federal aid

\_\_\_\_\_  
 Student's Signature    Date