



**The University of Michigan-Dearborn**

Office of Financial Aid  
Dearborn, Michigan 48128-1491  
(313)593-5300 • FAX (313)593-5313

**ACADEMIC CERTIFICATION**  
Eligible Consortium Guest Student

**Student:** Please complete Part I of this form and take it to your academic advisor to be completed and returned to the Office of Financial Aid at the University of Michigan-Dearborn. You and the Office of Financial Aid at your home institution must also complete the Guest Student Financial Aid Office Certification and submit it to our office.

**Academic Advisor:** Please complete Part II of this form and return it directly to the Office of Financial Aid at the University of Michigan-Dearborn. Our office will initially accept a fax copy (313-593-5313) to be followed by a paper copy.

**PART I.**

1. Name: \_\_\_\_\_ 2. UMID #: \_\_\_\_\_

3. I am applying for financial aid at UM-D for the following: \_\_\_\_\_ Term \_\_\_\_\_ Year

I authorize the agents of the University of Michigan-Ann Arbor or University of Michigan-Flint to complete this certification.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**PART II.**

1. The above named student is enrolled in a degree granting program at the University of Michigan-Ann Arbor or the University of Michigan-Flint.

[ ] Yes [ ] No

2. The courses listed below have been reviewed by our office and have been approved. These courses will transfer to the University of Michigan-Ann Arbor or the University of Michigan-Flint and will meet degree requirements.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Advisor

\_\_\_\_\_  
Title

