



CONTINUING U-M STUDENTS Applicant Data Form • Fall/Winter 2009-2010

Office of Financial Aid • University of Michigan • 2500 Student Activities Bldg. • 515 E. Jefferson St. • Ann Arbor, MI 48109-1316
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Continuing U-M students who fall into one or more of the categories listed below **must** submit this Applicant Data Form (ADF) to the Office of Financial Aid (OFA) when applying for Fall/Winter 2009-2010 aid. By submitting this form, you are providing supplemental information to be used for calculating your Fall/Winter 2009-2010 financial aid awards. This form is also available on the web at: www.finaid.umich.edu/forms/apply0910/adf. Note: Do not submit this form more than once; submitting **duplicate copies** by different means (fax, mail, in person, online) will cause processing delays!

1 The following students must complete this form; check the boxes that apply to you for 2009-2010:

- I will graduate in December 2009
- I will enroll for only **one** term (either Fall 2009 or Winter 2010); this includes students enrolled in U-M-sponsored co-op programs
- I will be enrolled in the Nursing program in either Kalamazoo or Traverse City
- I am a student who is a parent with child care expenses
- I am a graduate student and have been approved by my department for Detached Study
- I will participate in a **U-M-sponsored** study abroad program (*for non-U-M study abroad programs, contact OFA immediately*)

2 UMID Number:

3 Name:

Last

First

M.I.

4 Email Address:

5 Today's Date:

6 Term Information:

	FALL 2009	WINTER 2010
a. Specify your academic level (for each term):	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
b. Specify your enrollment (for each term):		
Will not enroll	<input type="checkbox"/>	<input type="checkbox"/>
Will enroll on the Ann Arbor campus	<input type="checkbox"/>	<input type="checkbox"/>
Will enroll in a U-M-sponsored co-op program	<input type="checkbox"/>	<input type="checkbox"/>
Will enroll in the Nursing program in:	<input type="checkbox"/> Kalamazoo <input type="checkbox"/> Traverse City	<input type="checkbox"/> Kalamazoo <input type="checkbox"/> Traverse City
Will be on Detached Study (graduate students only)	<input type="checkbox"/>	<input type="checkbox"/>
Will enroll in a U-M-sponsored study abroad program (list name to indicate enrollment in the program for each term):*	<i>U-M Study Abroad Program Name:</i>	<i>U-M Study Abroad Program Name:</i>

** If you have not yet applied for study abroad through the U-M Office of International Programs, please do so immediately by calling 734-764-4311. If you will be participating in a study abroad program that is not sponsored by U-M, you **must** contact the U-M Office of Financial Aid as soon as possible!*

7 Indicate your U-M Career (School or College), expected graduation date, and the degree you will receive:

U-M Career (School or College):

Graduation Date:

Degree:

8 Family Members Listing (to be completed only by students applying for a Health Professions Loan and students who are parents with child care expenses):

If you are applying for a Health Professions Loan, provide information about all family members in your parents' household for 2009-2010, as reported on the Free Application for Federal Student Aid (FAFSA). If you are a student who is a parent with child care expenses, provide information about all family members in your household, as reported on the FAFSA.

Full Names of ALL Family Members, Including You, the U-M Student:	Age:	Relationship to You:	Child Care Expenses Per Week to be Paid by the U-M Student for this Family Member in 2009-2010: <i>(If none, leave blank)</i>
1.			
2.			
3.			
4.			
5.			

If more than five, continue on other side.