

2026-2027 Non-Matriculating Certification Statement

Student's Name:		SID:
A student must be enrolled in a degree or certificate program in order to receive any type of Federal Student Aid (FSA). Our records indicate that you are currently classified as a non-matriculating student, and therefore you are not eligible to receive FSA, but in certain circumstances, non-matriculating students may be considered for aid. Based on the information provided on this form, our office will determine if you are eligible to be considered for federal financial aid as a non-matriculating student. Please note that if you are approved to receive aid, your annual loan limit as a non-matriculating student is less than that of a degree-seeking student. Non-matriculating students may only receive aid for a period not to exceed 12 consecutive months.		
	which degree/certificate you will be working the college school in which you plan to en	ng as a non-matriculating student and submit this form to the proll.
I plan to pursue a degree in(Curriculu		at FRANU.
I am completing	certification requirements in(Na	at FRANU. me of Program)
Student Signature:Date:		Date:
	TO BE COMPLETED B	Y DEAN / DEPARTMENT
Please check th the 2026-2027		g statements regarding the student's enrollment goals for
□Yes □No	The student is attempting to raise his clisted program.	or her GPA to meet admissions requirements for the above
□Yes □No	The courses the student will be taking as a non-matriculating student will be used only as a means to determine if the student will be admitted to the above listed program.	
□Yes □No	The student is attempting to gain admittance into a graduate program but has not taken the GRE or received scores sufficient for admittance into the above listed program.	
□Yes □No	The student has missed the admission deadline for the above listed program.	
□Yes □No	The particular courses the student will be taking as a non-matriculating student are required for admission into the above listed program. The student will not be admitted to the program without having completed these particular courses.	
Signature of the De	an or designated representative Ple	ase print or type your name and title
Date	 Telephone	
Please email	this form to financialaid@franu edu	*Dean / Department, please note: Once completed, please submit to our office 5414 Brittany Drive or through campus mail

5414 Brittany Drive, Baton Rouge, LA 70808

Phone (225) 526-1714

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