



# The Child Care Subsidy Program

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## Graduate Student Non-Enrollment Certification Form

Non-enrolled graduate students may be eligible for University of Michigan Child Care Subsidy funds, if they are actively pursuing research or completing a dissertation, and their academic pursuits equate to at least half-time enrollment. This form must be completed by non-enrolled students to document their academic activities and determine their eligibility for the Child Care Subsidy. The other acceptable non-enrollment status is Detached Study, which must be officially recorded by Rackham and the Office of the Registrar.



• *Note: The estimated cost of attendance (budget) for non-enrolled students who qualify for the Child Care Subsidy will not include tuition and fees.*

• *After completing this form, please submit it to the Office of Financial Aid (OFA), at the address listed at the top of the page.*

\_\_\_\_\_  
*Student's Name (Last, First, Middle Initial)*

\_\_\_\_\_  
*UMID Number (8 Digits)*

### Non-Enrollment Certification (to be completed by the department chair or dissertation committee chair):

**a. The above-named student's non-enrollment status will occur during the following term(s):**

- Fall \_\_\_\_\_ (year)       Winter \_\_\_\_\_ (year)  
 Spring \_\_\_\_\_ (year)       Summer \_\_\_\_\_ (year)       Spring/Summer \_\_\_\_\_ (year)

**b. This student will not be enrolled but will be participating in one of the following:**

- Preparing for preliminary examination (tentative exam date \_\_\_\_\_ [month/year])  
 Conducting research for dissertation  
 Working on Ph.D. dissertation

**c. Will this student's effort equate to at least half-time enrollment?**       Yes       No

I certify that the above-named student is currently in good academic standing in his or her program of study. This student is making satisfactory academic progress toward the completion of his/her program, as measured by the standards for this program and the student's University of Michigan School or College.

\_\_\_\_\_  
*Signature of Department or Dissertation Chair*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Email Address*