

Rackham Reinstatement Fee Grant Application

Students: Please complete this application return it to the Rackham Graduate School using our secure fax number (734-615-8042).

To be completed by the student

Student's Name: _____ Student's UMID: _____

Date of Birth: _____ Student's Uniqname: _____

Eligibility: Students are eligible to apply for a Reinstatement Fee Grant due to financial hardship or they were discontinued after two years (or 4 consecutive semesters) of a Leave of Absence for medical reasons.

Please select your eligibility criteria:

I am applying for the Rackham Reinstatement Fee Grant due to:

I was discontinued after two years (or 4 consecutive semesters) of a Leave of Absence for medical reasons. (Please complete a [Leave of Absence Supplemental Information Form Returning from a Leave for Medical Reasons](#).)

OR

Financial Hardship (Please complete the financial hardship section below.)

To be completed by the student: Financial Hardship Information

1. Please complete a current Federal Application for Free Student Aid (FAFSA). Submit a copy of your most recent tax return to the Office of Financial Aid. A FAFSA may be submitted online at www.fafsa.ed.gov. The University of Michigan School Code is 002325.

2. Please describe your financial hardship below or as an attached statement.

3. Please submit this application and any documentation to support your request to the Rackham Graduate School using our secure fax number (734-615-8042).

To be completed by the student:

Student's Signature: _____ Date: _____

Additional information or documentation may be required based upon review of your application.

Privacy and Security Statement

We care about your privacy. The information we collect about you is private. Only people who have both the need and the legal right may see your information. We will only disclose your information for purposes of treatment, payment, business operations, appointment reminders, public health and safety and when we are required by law to do so.

Your personal information will be safeguarded. We are required to protect your personal information against reasonable anticipated threats and hazards to the security or integrity of the information.

To be completed by the Office of Financial Aid: Income Verification

Please complete the information below regarding the student's adjusted gross income and financial need.

Student's current Adjusted Gross Income: _____

Student's current cost-of-attendance: _____

Student's current expected family contribution (EFC): _____

Financial Aid Officer's Signature: _____ Date: _____

Office of Financial Aid: Please return this form directly to the Rackham Graduate School's secure fax number: (734) 615-8042.
If you have any questions, please contact the Fellowships Office at (734) 764-8119

To be completed by Rackham Graduate School:

The student above qualifies for a grant based on: Financial Hardship Medical Circumstances

Reinstatement fee assessed: _____ Amount of grant approved: _____ (max is 50%)

The student does not qualify for a reinstatement fee grant because:

Rackham Dean Signature: _____ Date: _____

If you have any questions, please contact the Fellowships Office at (734) 764-8119.