



WESTERN MICHIGAN
UNIVERSITY

STUDENT NAME: _____

WIN: _____

DAYTIME PHONE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

WMU Student Financial Aid

1903 W Michigan Ave

Kalamazoo MI 49008-5337

(269) 387-6000

finaid-info@wmich.edu

DRUG CONVICTION VERIFICATION

According to information we received from your Free Application for Federal Student Aid (FAFSA) in regards to any drug-related convictions while you were enrolled and receiving federal student aid, we need additional information in order to determine your eligibility for federal or state financial aid. Your completed form must be received in our office at least 30 days prior to your last date of enrollment for the academic year you are requesting financial aid. If you have any questions, please contact Bronco Express at (269) 387-6000.

On this worksheet, count only federal and state convictions while you were receiving federal student aid (Federal Pell Grants, loans, and/or Federal Work-study). Do not count any convictions that have been removed from your record or occurred before you turned 18, unless you were tried as an adult.

1. If you have never been convicted of selling or possessing drugs (not including alcohol or tobacco) as an adult while enrolled and receiving federal student aid or you have been convicted of selling or possessing drugs (not including alcohol or tobacco) while enrolled and receiving federal student aid that is now off your record, please initial here _____ and sign below.

If you did not initial above, go to question #2. If you did initial, go to question #4.

2. Have you successfully completed an acceptable drug-rehabilitation program* since your last conviction of either possession or sale of illegal drugs? Check one: ___(yes) ___(no) If you checked yes, list the date you successfully completed the program _____. If you answered NO or have not completed the program, then go to question #3. If you answered YES and have completed the program, then go to question #4.

*An acceptable drug rehabilitation program must include at least 2 unannounced drug tests AND

- be qualified to receive funds (directly or indirectly) from a federal, state or local government or from a federal or state-licensed insurance company; or
- be administered or recognized by a federal, state or local government agency or court, or by a federal-or state-licensed hospital, health clinic or medical doctor.

3. Please complete the information below. Indicate the number of convictions and the date of the last conviction that is on your adult record when you were enrolled and receiving federal student aid, then go to question #4:

Drug Offense (not tobacco or alcohol)	Number of convictions	Date of last conviction
Possession of illegal drugs	_____	_____
Sale of illegal drugs	_____	_____

4. Please sign and date this form. Return the form to the Student Financial Aid Office. We will review the information to determine when you will be eligible for financial aid.

If you are convicted of possessing or selling drugs during a period of enrollment for which you are receiving federal student aid after this date, you are required to notify Student Financial Aid immediately. If you are awarded aid for the academic year, you will lose all eligibility and may be required to pay back all aid you received after your conviction.

STUDENT SIGNATURE: _____ **DATE:** _____

Return your completed form to Bronco Express on the lower level of the Bernhard Center. You may also email or mail to the address above. Be sure to include your name and WIN on all pages. Missing information may delay the processing of financial aid.