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Undergraduate Licensure Form 2020-2021

Student Name:	Student ID#:
To be eligible for federal financial aid, a student licensure program.	must be registered for classes required for the specific
	ng eligibility and provide documentation from your nation must be submitted to continue processing your atter is appreciated.
Student's Education Certifying Statement:	
program leading to an approved certificat	of being enrolled at least half time each semester in a te. I further understand that any optional courses ly required for the Licensure I also certify that I will use this licensure to work as on
Student's Signature	Date
Advis	sor's Statement
1. I have reviewed the above certification and con	nfirm the educational objectives of this student.
2. Attached is a signed copy of the for the above-mentioned student.	Certificate/Licensure Graduation Plan
3. Total number of hours required to complete pro-	ogram of study:
Advisor's Signature	Date
Advisor's Name: Please Print	Department