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Undergraduate Licensure Form 2021-2022

Student Name:	Student ID#:
To be eligible for federal financial aid, a student m licensure program.	nust be registered for classes required for the specific
Please indicate below the basis for your continuing faculty advisor to support your claim. This information application. Your prompt attention in this materials	ation must be submitted to continue processing your
Student's Education Certifying Statement:	
program leading to an approved certificate	also certify that I will use this licensure to work as
Student's Signature	Date
Adviso	or's Statement
1. I have reviewed the above certification and conf	firm 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	gram of study:
Advisor's Signature	Date
Advisor's Name: Please Print	Department