

2023—2024 UNDERGRADUATE LICENSURE FORM			
Name <u>Last</u>	First	MI	Student ID
To be eligible for fede program.	ral financial aid, a student mu	st be registered for clas	ses required for the specific licensure
Please indicate below support your claim. Th attention in this matte	nis information must be submit	eligibility and provide do ted to continue process	ocumentation from your faculty advisor to ing your loan application. Your prompt
Student's Education	on Certifying Statement		
program lead to take beyon	nd those specifically required for financial aid. I also certify the	e. I further understand thoron the	half time each semester in a nat any optional courses that I elect Licensure Program, do to work as a teacher and not in
Student's Si	gnature		Date
Advisor's Stateme	nt		
I have reviewed the a	bove certification and confirm	n the educational object	ives of this student.
Attached is a signed of mentioned student.	copy of the	Certificate/Licenso	ure Graduation Plan for the above–
Total number o	f hours required to complete p	program of study:	
Advisor's Si	gnature		Date
Advisor's No	ame (Please Print)		Department