

UNDERGRADUATE LICENSURE/CERTIFICATION FORM		
Name Last	First MI	Student ID
E mail		
E-maii		
This form and a gra financial aid.	duation plan or plan of study must be submitted t	to continue processing your federal
To be eligible for fee	deral financial aid, a student must:	
\Rightarrow have a current y	year FAFSA on file,	
\Rightarrow be registered fo	r classes required for the specific certificate prog	ram,
⇒ indicate below t	he basis for your continuing eligibility, and	
⇒ provide docume	entation from your faculty advisor to support your	claim.
STUDENT'S EDUC	ATION CERTIFYING STATEMENT	
For Academic Year		
I elect to take beyor	gram leading to an approved certificate. I further and those specifically required for thenancial aid. I also certify that I will use this licensur	Licensure Program,
Student's Signature	e	Date
ADVISOR'S STATE	MENT	
I have reviewed the	above certification and confirm the educational	objectives of this student.
Attached is a signed	d copy of the	Certificate/Licensure Graduation Plan
•	the above-mentioned student.	
Total number	of hours required to complete program of study:	
Advisor's Signature	9	Date
Advisor's Name (Pl	ease Print)	 Department