



## 2015 - 2016 Post Baccalaureate Certification Form

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 Summerville Campus  
 2500 Walton Way, Augusta, GA 30904  
 Phone: 706-737-1524 Fax: 706-737-1777

Federal Student Aid regulations require aid recipients to be in a degree-seeking program, a certification program, or taking preparatory course-work which is necessary for admission into a graduate or professional program. The Financial Aid Office needs your assistance in classifying your Post Baccalaureate status. Please complete this form and attach the required documentation. Return the paperwork to the Financial Aid Office as soon as possible so we may review your eligibility.

Student's Full Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Current Address: \_\_\_\_\_

Current Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_@gru.edu

**STUDENT ACKNOWLEDGMENT: Initial each statement and return the signed form to the Financial Aid Office.**

- \_\_\_\_\_ I will register for at least six (6) credit hours or coursework per semester as designated on the required course listing below.
- \_\_\_\_\_ I understand that I may be eligible for Federal Direct loans for one consecutive 12 month period beginning on the first day of the initial loan period.
- \_\_\_\_\_ I understand that I must submit this completed certification form during my eligibility period. Failure to do so may result in aid not being processed.
- \_\_\_\_\_ I understand that as a Post Baccalaureate student my funding is primarily limited to student loans. I also understand that I am not eligible to receive Federal Grants (Pell & SEOG) because I have already received a bachelor degree.
- \_\_\_\_\_ **I UNDERSTAND THAT MY ACADEMIC ADVISOR MUST COMPLETE THIS FORM BEFORE I SUBMIT IT TO THE FINANCIAL AID OFFICE.**

Student's Handwritten Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY AN ACADEMIC ADVISOR.** Please select appropriate status and attach a current listing of coursework indicating hours required. The student will be funded only for required courses.

	UVCVWU'	PCO G'QHFGI TGG'RTQI TCO 'QT'CTGC'QHEGT VHH E CVRQP "	J QWU' TGS WITGF "
<input type="checkbox"/>	1. Seeking a 2 <sup>nd</sup> Bachelor's Degree		
<input type="checkbox"/>	2. Seeking Graduate Admission		
<input type="checkbox"/>	3. Seeking Teacher Certification		
<input type="checkbox"/>	4. Seeking a Certificate in Health Information Administration		
<input type="checkbox"/>	STUDENT DOES NOT MEET ANY OF CRITERIAS 1-4 ABOVE AND/OR IS NOT REQUIRED TO TAKE PREREQUISITE COURSES.		

List all required coursework the student must complete for area 1, 2, 3 or 4 as listed above. (Attach additional pages if necessary):

	Couse Name / #	Couse Name / #	Couse Name / #	Course Name / #	Couse Name / #	Course Name / #
Fall 2015						
Spring 2016						
Summer 2016						

Advisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Advisor's Handwritten Signature: \_\_\_\_\_ Date: \_\_\_\_\_