



OFFICE OF STUDENT FINANCIAL AID

Website: www.gru.edu/financialaid

Summerville Campus
2500 Walton Way, Augusta, GA 30904
Phone: 706-737-1431 Fax: 706-737-1777

Health Sciences Campus
1120 15th Street, Augusta, GA 30912
Phone: 706-721-4901 Fax: 706-721-9407

POST BACCALAUREATE CERTIFICATION FORM

Federal Student Aid regulations require aid recipients to be in a degree-seeking program, a certification program, or taking preparatory coursework 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 ACKNOWLEDGEMENT: Initial each statement below and return the signed form to the Financial Aid Office.

- I will register for at least six (6) credit hours of coursework per semester as designated on the required course listing below.
I understand that I may be eligible for Federal Direct Stafford 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 acknowledge that I have read and understand the above terms.

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

TO BE COMPLETED BY AN ADVISOR: PLEASE SELECT 1, 2, 3, OR 4. The student will be funded only for required prerequisite courses.

- 1. POST-BACCALAUREATE SEEKING A SECOND BACHELOR'S DEGREE
The above referenced student is seeking a second undergraduate degree in \_\_\_\_\_ with \_\_\_\_\_ credit hours remaining in the degree plan. I certify that a current, evaluated degree plan, indicating hours completed and remaining hours to be taken, is attached.
2. POST-BACCALAUREATE SEEKING TEACHER CERTIFICATION
The above referenced student is seeking a teaching certificate with \_\_\_\_\_ credit hours required to obtain certificate. I certify that a current listing of coursework indicating hours required to obtain a certificate is attached.
3. POST-BACCALAUREATE SEEKING GRADUATE ADMISSION
The above referenced student is taking required pre-requisite coursework for admission into the \_\_\_\_\_ Graduate Degree Program.
4. POST-BACCALAUREATE/POST GRADUATE SEEKING PERSONAL ENRICHMENT: INELIGIBLE FOR FEDERAL AID

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

Table with 6 columns labeled Course # and rows for Fall 20, Spring 20, and Summer 20.

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

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