

TO: Brigid Vail
 Office of Scholarships and Financial Aid
 16 Canfield Administration Building, 0411
 FAX: 472-9826

Dear Brigid,

This is to verify that _____

Social Security #: _____, is officially registered in a teacher certification program in _____

Endorsement(s)

He/She is enrolled in the Graduate College as an unclassified student in:

- _____ 1. an initial teacher certification program
- _____ 2. a 6 hour certification renewal program (1 semester financial aid)
- _____ 3. a 15 hour certification renewal program (2 semesters of financial aid)

<u>TERM</u>	<u>ADVISOR'S SIGNATURE</u>	<u>DATE</u>	<u>INSTRUCTIONS</u>
* _____	_____	_____	* Must have 2.5 GPA.
** _____	_____	_____	* Must have a program written based on official transcripts.
_____	_____	_____	* Must pass PPST within one (1) semester.
_____	_____	_____	Must continue satisfactory progress in the endorsement area to remain eligible for financial aid.
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	