

Office of Financial Aid

1005 State University Drive * Fort Valley, GA 31030-4313

POST BACCALAUREATE CERTIFICATION FORM

Student Name:		Student ID#:				
Permanent Address:						
Email Address:		Academic Year:				
enrolled in preparatory coursewor	k which is needed to meet admis	eeking program, a certificate program, or sions standards for a graduate program of cumentation. Submit the completed form				
I have received a bachelor	's degree and understand that I a	m not eligible to receive federal grants.				
I will registered for at leas	st six (6) credit hours of coursewo	ork per semester as designated below.				
I understand that I may be on the first day of the initial loan p	_	consecutive 12 month period beginning				
I understand that I must su	ubmit this form during my eligibi	lity period.				
Student's Signature:		Date:				
**********	**********	**********				
TO BE COMPLETED BY STUD attach a current listing of coursewo		OR: Please select appropriate status and s the student is approved to take.				
STATUS REQUIRED Seeking 2 nd Bachelor's Degree Seeking Graduate Admission Seeking Teaching Certification	NAME OF DEGREE PROGR					
Student does not meet any of the a	above criteria and/or is not require	ed to take prerequisite courses				
List all required coursework the st additional pages as applicable.)	eudent must complete for area 1, 2	2, 3, or 4 as listed above. (Attach				

FA2015 (Semester & Year)	Credit Hours	FA	Credit Hours	SP	Credit Hours	SU	Credit Hours
*ENGL 1100	3						
*BIOL 1102	3						
*BIOL 1102A	1						
*MATH 1101	3						
*HIST 1000	3						
Total Credits:	13						
**Minimum Term GPA Required:	2.50 GPA		2.50 GPA		2.50 GPA		2.50 GPA
FAO Use Only: Initials Required	OFA						

Advisor's Name:	Telephone#:
Advisor's Signature:	Date: