



2009-2010 Continuing Education Course Certification Form (CECCF)

OFFICE OF FINANCIAL AID

Student's Name (Last, First, M. I.). *Please print.*

SID/Social Security Number

Title IV Loan Eligibility for Non-degree Students

Non-degree students at the University of Colorado at Boulder may apply for Title IV Federal Direct Loans. This form is used to certify that the student named above has met with an academic advisor and has developed a coursework outline for admission to the university stated in Certification box. Further, the academic advisor has determined that with successful completion of preparatory coursework this student will be eligible to be considered for admission to the stated institution within twelve *consecutive months*.

Academic Certification: To be completed by Academic Advisor

Degree Program: I certify that the student's anticipated courses meet the suggested additional preparation necessary for consideration for acceptance into:

- Undergraduate program (form must be signed by Continuing Education academic advisor).
- Graduate program (form must be signed by graduate department advisor).

❖ **Name of Institution:** _____

Please list the courses the student is required to take for admission:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

* Successful completion of this coursework does not guarantee admission into any degree program

Teacher (Re)Certification: (form must be signed by education academic advisor) I certify that the student's anticipated coursework meets the eligibility criteria as "required for elementary or secondary teacher certification or re-certification in the state where the student plans to teach, or the state where the student is completing the program. This exception is not intended to cover optional courses that the student elects to take for professional recognition or advancement. Nor does the exception cover courses that the school recommends but that are not required for certification or re-certification."

❖ **Name of State:** _____

❖ **Name of Academic Institution:** _____

Please list the courses the student is required to take for admission:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

* Successful completion of this coursework does not guarantee admission into any degree program

Academic Department

Phone Number

Academic Advisor, Name (please print)

Title (please print)

Signature of Academic Advisor

Date

Please mail or fax this form to:
Division of Continuing Education and Professional Studies
University of Colorado
Financial Aid Counselor
1505 University Ave.
178 UCB
Boulder, Co. 80309-0178
Fax number: 303-735-2354

