

Nondegree Course Certification

Name: _____
Student's Name (Last, First, M.I.)

ID: _____
Student Identification Number (SID)

Title IV Loan Eligibility for Nondegree Students

Nondegree students may be eligible for Federal Direct Loans. A departmental, graduate, or pre-health advisor from the institution where the student plans to attend must complete this form and certify that the student met with them and developed a coursework outline for admission to their University. The departmental, graduate, or pre-health advisor must determine that with successful completion of preparatory coursework, the student will be eligible to be considered for admission to the stated institution within twelve *consecutive months*.

Academic Certification: Must be completed by Departmental, Graduate, or Pre-Health Advisor

Nondegree Start Term: _____ Year: _____

- Degree Program:** I certify that the student's anticipated courses meet the suggested additional preparation necessary for consideration for acceptance into a graduate program or second undergraduate program (**form must be signed by departmental, graduate, or pre-health advisor**).

Type of degree program: Graduate Program Second Undergraduate Program

- **Name of Institution:** _____
- **Name of degree program to be considered for acceptance:** _____

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

* 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 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 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 certification:*

1. _____
2. _____
3. _____
4. _____

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

Department

Phone Number

Name of Departmental Advisor (please print)

Title (please print)

Signature of Departmental Advisor

Date

Please submit your form by mail, fax or online at <https://ofa.colorado.edu/fileupload/>
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