AUGUSTA UNIVERSITY

**POST BACCALAUREATE CERTIFICATION FORM**
Office of Student Financial Aid
Fanning Hall- Summerville Campus
1120 15th Street, Augusta, GA 30912
**Phone**: 706-737-1524 **Fax:** 706-737-1777
**www.augusta.edu/finaid**

***A new form is required each semester for all Non-degree seeking Post Baccalaureates****

*Federal Student Aid regulations require aid recipients to be in a degree-seeking program, a certification program, or taking preparatory course-work which is necessary for admission into an undergraduate, graduate or professional program. The Office of Student Financial Aid needs your assistance in classifying your Post Baccalaureate status. Please complete this form and attach the required documentation. Return the paperwork to the Office of Student Financial Aid as soon as possible so we may review your eligibility.*

Student's Full Name: _____ Student ID: _____

Current Address: _____

Current Telephone #: _____ Email Address: _____@augusta.edu

**STUDENT ACKNOWLEDGMENT: Initial each statement and return the signed form to the Office of Student Financial Aid.**

_____ 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 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 UNDERSTAND THAT MY DEPARTMENT CHAIR OR PROGRAM COORDINATOR MUST COMPLETE THIS FORM BEFORE I SUBMIT IT TO THE FINANCIAL AID OFFICE.**

Student's Signature: _____ Date: _____

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**TO BE COMPLETED BY DEPARTMENT CHAIR OR PROGRAM COORDINATOR. Please select appropriate status and attach a current listing of coursework indicating hours required. The student will be funded only for required courses.**

| | STATUS | NAME OF DEGREE PROGRAM OR AREA OF CERTIFICATION | HOURS REQUIRED |
|---|---|---|---|
| ☐ | 1. Seeking Undergraduate/Graduate Admission | | |
| ☐ | 2. Seeking Teacher Certification | | |
| ☐ | STUDENT DOES NOT MEET ANY OF CRITERIA ABOVE AND/OR IS NOT REQUIRED TO TAKE PREREQUISITE COURSES. | | |

List required coursework the student must complete for area 1, 2, or 3 as listed above.

| Semester/Yr | Course Name / # | Course Name / # | Course Name / # | Course Name / # | Course Name / # | Course Name / # |
|---|---|---|---|---|---|---|
| | | | | | | |

Department Chair or Program Coordinator Name: _____ Phone #: _____

Department Chair or Program Coordinator Signature: _____ Date: _____