Non Degree Seeking Student Certification for Teacher Certification

Student’s Name: ___________________________  RU ID# ________________________

Email Address: ___________________________  Phone Number: ________________

Student’s wishing to be considered for Financial Aid on the basis that they are seeking their Teacher Licensure should submit this completed form and requested documentation to the Financial Aid Office for review.

Forms that are received, but do not have all of the required documentation will be returned to the student for completion.

**Teacher Certification Program Definition**

If the student is enrolled in a required teacher certification program, he/she may be eligible to borrow under the Federal Stafford Loan program. Students under this exception are eligible to borrow up to $5,500 in subsidized Federal Stafford Loan and, as an independent student, up to $7,000 in unsubsidized Federal Stafford Loan (but no more than the student's undergraduate cost of attendance as determined by the Financial Aid Office). The program must be required for initial elementary or secondary teacher certification or re-certification in the state where the student plans to teach, or the state in which 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 recertification. Students taking classes for professional recognition or advancement ARE NOT eligible under these criteria. The undergraduate total loan limits apply to borrowers in this category.

I certify that the student listed is enrolled in a Teacher Certification program as described above.

The student will be enrolled in this program beginning ___________________ and ending ___________________.

I have attached to this form a list of classes required for the student to be certified to teach. I certify that these classes are required by the State of Virginia and do not include any optional courses for professional recognition or advancement.

Signature of Advising Center Coordinator or Department Chair  ____________________________

Student’s Signature  ____________________________

Date  ____________________________  Date  ____________________________

Return this completed form to: Financial Aid Office, Radford University, Box 6905, Fax – 540-831-5138