

## Financial Aid

Financial Aid Office  $\cdot$  P.O. Box 6905  $\cdot$  Radford, VA 24142 Phone: (540) 831-5408  $\cdot$  Fax: (540) 831-5138  $\cdot$  finaid@radford.edu

## 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 assubmit this completed form and requested documents  | Aid on the basis that they are seeking their Teacher Licensure should entation to the Financial Aid Office for review.  |
| Forms that are received, but do not have all of the  | e required documentation will be returned to the student for completion.  |
| Stafford Loan program. Students under this exception and, as an independent student, up to \$7,000 undergraduate cost of attendance as determined by elementary or secondary teacher certification or rewhich the student is completing the program. This elects to take for professional recognition or advancements but that are not required for certificate recognition or advancement ARE NOT eligible up borrowers in this category. Student must be enrolled. | tification program, he/she may be eligible to borrow under the Federal otion are eligible to borrow up to \$5,500 in subsidized Federal Stafford 0 in unsubsidized Federal Stafford Loan (but no more than the student's y the Financial Aid Office). The program must be required for initial e-certification in the state where the student plans to teach, or the state in s exception is not intended to cover optional courses that the student uncement. Nor does the exception cover courses that the school ation or recertification. Students taking classes for professional nder these criteria. The undergraduate total loan limits apply to olled in at least 6 credit hours to be considered for the above aid. |
| I certify that the student listed is enrolled in a Tea   | cher Certification program as described above.  |
| The student will be enrolled in this program begin   | nning and ending  |
|  | equired for the student to be certified to teach. I certify that these and do not include any optional courses for professional   |
| Signature of Debora Wilbon, College  | Student's Signature   |
| of Education   | <u> </u>  |
| Date   | Date  |
|  | <del></del>   |

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