ENROLLED FOR LESS THAN 12 CREDITS

Maryland Higher Education Commission Office of Student Financial Assistance 6 N. Liberty Street, Ground Suite Baltimore, MD 21201 (410) 767-3300; (800) 974-1024 TTY for the Deaf - (800) 735-2258 www.mhec.maryland.gov

EA/GA/Promise Programs
CERTIFICATION FORM
Academic Year 2021-2022

This form is to be completed in its entirety by the Department Chair of your health professions program.

Please attach the following to this completed form:

- o Documentation of the courses and credits you are taking for the semester appealed (i.e. class schedule); and
- o A copy of the program curriculum from the institution's catalog or website.

SECTION A: Student	<u>Information</u>					
STUDENT FULL NAM	ИЕ:					
STUDENT'S SSN OR	MHEC ID:					
INSTITUTION NAME	::					
PROGRAM OF STUD	Y:					
SECTION B: Course	<u>Description</u>					
SEMESTER:	CREDIT I	HOURS:	SEMESTER:	CREDIT HO	URS:	
COURSE TITLE:			COURSE TITLE:			
(i.e.: NURS 201, Fundamentals of Nursing)			(i.e.: NURS 201, Fundam	(i.e.: NURS 201, Fundamentals of Nursing)		
COURSE COMPOSITION:			COURSE COMPOSITION:			
CLINICAL HOURS	per week	per semester	CLINICAL HOURS	per week per	r semester	
LAB HOURS	per week	per semester	LAB HOURS	per week per	r semester	
LECTURE HOURS	per week	per semester	LECTURE HOURS	per week pe	r semester	
Other:	per week	per semester	Other:	per week pe	er semester	
TOTAL HOURS	per week	per semester	TOTAL HOURS	per week pe	er semester	
SEMESTER:	ER: CREDIT HOURS:		SEMESTER:	CREDIT HO	URS:	
COURSE TITLE:			COURSE TITLE:			
(i.e.: NURS 201, Fundamentals of Nursing)			(i.e.: NURS 201, Fundam	(i.e.: NURS 201, Fundamentals of Nursing)		
COURSE COMPOSITION:			COURSE COMPOSITIO	COURSE COMPOSITION:		
CLINICAL HOURS	per week	per semester	CLINICAL HOURS	per week per	r semester	
LAB HOURS	per week	per semester	LAB HOURS	per week per	r semester	
LECTURE HOURS	per week	per semester	LECTURE HOURS	per week pe	r semester	
Other:	per week	per semester	Other:	per week pe	r semester	
TOTAL HOURS	per week	per semester	TOTAL HOURS	per week pe	r semester	
NOTES:						

SECTION C: DEPARTMENT CERTIFICATION

Is the program considered full-time because of clinical requirements? (Circle one: YES or NO) If NO, the student is not eligible for the appeal and should be considered for the Part-Time Grant.

FORM COMPLETED BY:		
	Print Full Name	
SIGNATURE:		
TITLE:		DEPARTMENT:
INSTITUTION NAME:		
PHONE NUMBER:		
E-MAIL ADDRESS:		
DATE:	/	

IMPORTANT: All appeal requests must be submitted online. Students are required to upload this form, and all required documents, at the time their appeal is submitted.

The Department Chair must return the completed certification form to the student.

The form must be completed by the following deadlines:

Fall Deadline: October 15, 2021
Spring Deadline: March 15, 2022