



2019-20 CERTIFICATION OF PREREQUISITE COURSES

Student Information

Student PID Number: _____

Student Name: _____

UNC Email Address: _____

Instructions

- This form must be signed by you and the department chair or admissions director of the UNC-Chapel Hill program for which the courses listed below are required prerequisites for admission.
You must be enrolled at least half-time in required prerequisite courses in a given term to receive financial assistance for that term.
Funding is available for a total of twelve consecutive months only.
Complete Section A below and submit this form to your UNC-Chapel Hill graduate or professional school within two weeks of receipt. Be aware that a signature by your graduate or professional school does not guarantee that you will receive aid. We will still have to review the information for compliance with Federal and University requirements.

Section A. (for student completion)

Program for which prerequisite(s) are needed: _____

Table with 3 columns: Intended Courses for Fall Semester 20, Intended Courses for Spring Semester 20, Intended Courses for Summer Semester 20, and Total Hours.



aidinfo@unc.edu
O 919-962-8396 | F 919-962-2716

Pettigrew Hall | Room 111 | Campus Box 2300
P.O. Box 1080 | Chapel Hill, NC 27514-1080
studentaid.unc.edu

Section A. (continued)

Anticipated completion date: _____

NOTE: If you do not enroll in these courses, your financial aid will be adjusted or cancelled.

Have you previously received a Federal Direct Subsidized or Unsubsidized Loan and/or Direct PLUS Loan for completion of prerequisite course work at any institution? [] Yes [] No

Student Signature

Date

Section B.

(For UNC-Chapel Hill graduate or professional school to complete.)

Please review Section A and sign only if all courses listed are required prerequisites for admission to the graduate or professional program in your department/school. Your signature does not guarantee the student any financial aid; our office must still review the information for compliance with Federal and University requirements. After completing this form, please return it to the UNC-CH Office of Scholarships and Student Aid.

Please print name: _____

Signature: _____

Title/Department: _____

Email: _____

Phone Number: _____

Date: _____