

OFFICE OF SCHOLARSHIPS AND STUDENT AID

111 PETTIGREW HALL CAMPUS BOX 2300 P.O. BOX 1080 CHAPEL HILL, NC 27514-1080 studentaid.unc.edu

T 919.962.8396 F 919.962.2716 aidinfo@unc.edu

Student's Last Name:	nt's Last Name:				First and Middle Names:						_				
Student's UNC Personal ID:			-[

CERTIFICATION OF PREREQUISITE COURSES

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**.

(Note: Prerequisites are not courses recommended t by the graduate or professional program in order to ol		admission; they are courses required
• You must be enrolled at least half-time in required paterm. Half-time for Fall Term = 6 hours. Half-time for	prerequisite courses in a given term	
• Funding is available for a total of twelve consecutive r	months only.	
 Complete Section A below and submit this form to your ecceipt. Be aware that a signature by your graduate We will still have to review the information for com 	ate or professional school does not a apliance with Federal and University	guarantee that you will receive aid. requirements.
SECTION A. (For student to complete.) Program for which prerequisite(s) are needed:		
Intended Courses for Fall Semester 20:	Class Title	Hours
Intended Courses for Spring Semester 20 :	Class Title	Hours
Intended Courses for Summer Semester 20:	Class Title	Hours
	TOTAL HO	DURS
Anticipated completion date		
NOTE: If you do not enroll in these courses, your finance		
Have you previously received a Federal Direct Subsidirent prerequisite course work at any institution? Yes		rirect PLUS Loan for completion of
Signature of Student	Date	
SECTION B. (For UNC-Chapel Hill graduate or profes	ssional school to complete.)	
Please review Section A and sign only if all courses professional program in your department/school. You must still review the information for compliance with F return it to the UNC-CH Office of Scholarships and Stu	r signature does not guarantee the s ederal and University requirements	student any financial aid; our office
Please print name:		
Signature	Title/Department	
Email Address		Date
		11/18 CurrMisc\FPREQ (AY) or FSUPRQ (SS)