

**ENROLLED FOR LESS THAN 12 CREDITS**  
**Guaranteed Access & Educational Assistance Grants**  
**Department Chair Certification Form**  
**2024-2025 Academic Year**

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:

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

**SECTION A: Student Information**

STUDENT FULL NAME: \_\_\_\_\_

STUDENT'S SSN OR MHEC ID: \_\_\_\_\_

INSTITUTION NAME: \_\_\_\_\_

PROGRAM OF STUDY: \_\_\_\_\_

**SECTION B: Course Description**

SEMESTER: \_\_\_\_\_ CREDIT HOURS: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

(i.e.: NURS 201, Fundamentals of Nursing)

COURSE COMPOSITION:

CLINICAL HOURS per week \_\_\_\_\_ per semester \_\_\_\_\_

LAB HOURS per week \_\_\_\_\_ per semester \_\_\_\_\_

LECTURE HOURS per week \_\_\_\_\_ per semester \_\_\_\_\_

Other: \_\_\_\_\_ per week \_\_\_\_\_ per semester \_\_\_\_\_

**TOTAL HOURS** per week \_\_\_\_\_ per semester \_\_\_\_\_

SEMESTER: \_\_\_\_\_ CREDIT HOURS: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

(i.e.: NURS 201, Fundamentals of Nursing)

COURSE COMPOSITION:

CLINICAL HOURS per week \_\_\_\_\_ per semester \_\_\_\_\_

LAB HOURS per week \_\_\_\_\_ per semester \_\_\_\_\_

LECTURE HOURS per week \_\_\_\_\_ per semester \_\_\_\_\_

Other: \_\_\_\_\_ per week \_\_\_\_\_ per semester \_\_\_\_\_

**TOTAL HOURS** per week \_\_\_\_\_ per semester \_\_\_\_\_

SEMESTER: \_\_\_\_\_ CREDIT HOURS: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

(i.e.: NURS 201, Fundamentals of Nursing)

COURSE COMPOSITION:

CLINICAL HOURS per week \_\_\_\_\_ per semester \_\_\_\_\_

LAB HOURS per week \_\_\_\_\_ per semester \_\_\_\_\_

LECTURE HOURS per week \_\_\_\_\_ per semester \_\_\_\_\_

Other: \_\_\_\_\_ per week \_\_\_\_\_ per semester \_\_\_\_\_

**TOTAL HOURS** per week \_\_\_\_\_ per semester \_\_\_\_\_

SEMESTER: \_\_\_\_\_ CREDIT HOURS: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

(i.e.: NURS 201, Fundamentals of Nursing)

COURSE COMPOSITION:

CLINICAL HOURS per week \_\_\_\_\_ per semester \_\_\_\_\_

LAB HOURS per week \_\_\_\_\_ per semester \_\_\_\_\_

LECTURE HOURS per week \_\_\_\_\_ per semester \_\_\_\_\_

Other: \_\_\_\_\_ per week \_\_\_\_\_ per semester \_\_\_\_\_

**TOTAL HOURS** per week \_\_\_\_\_ per 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 2024 Deadline: October 15, 2024**

**Spring 2025 Deadline: March 15, 2025**