



OFFICE of SCHOLARSHIPS and STUDENT AID
 THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL
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 P.O. Box 1080
 Chapel Hill North Carolina 27514-1080
 T (919) 962-8396 aidinfo@unc.edu
 F (919) 962-2716 studentaid.unc.edu

Student's Last Name: _____
 First & Middle Names: _____
 Student's UNC-CH Personal ID#:

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Note that all e-Communication will be sent to your official UNC ONYEN email.
 Please check the appropriate box:
 New Student Returning Student

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**.
- You must be enrolled **at least half-time in required prerequisite courses** in a given term to receive financial assistance for that term. Half-time for Fall Term = 6 hours. Half-time for Spring Term = 6 hours. Half-time for a Summer Term = 2 hours.
- 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 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 HOURS _____

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

Signature of Student _____ 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 Address _____ Phone Number _____ Date _____