**Financial Aid Request Form   
for Certificates and Diplomas**

**Note:** FTCC must be able to demonstrate a reasonable relationship between the length of the program and the entry-level requirement for the recognized occupation for which the program prepares the student.

Do you measure a student’s progress in any program by direct assessment instead of credit or clock hours (ex. Blackboard, paper exam, etc)? **Yes**  **No**  **If yes, please explain**:

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Please **check** the box below if the educational program(s) you wish to be eligible for federal student financial aid **meet the following criteria:**

Undergraduate programs that

* Lead to a certificate or other recognized educational credential,
* Prepare students for gainful employment in a recognized occupation,
* Are at least **15 weeks**, and
* Provide at least 16 semester credit hours, 24 quarter credit hours, or 600 clock hours of instruction.

Check here if you award an associate degree to students who successfully complete any programs you are requesting financial aid approval.

Check here if the program you are requesting financial aid approval is a stand-alone program.

Please list the program name/code for each stand-alone program you are requesting:

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Do you contract with an organization that will provide more than 50% of the requested educational program(s) (such as internship, externship, practicum in nursing, midwifery, medical technician, etc.)? **Yes**  **No**

**If yes, provide the name of the organization(s) below and list the name of the program in which you will provide more than 50% of the education program:**

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Based on the boxes checked above, please provide the following information for the educational programs that you wish to be eligible for federal student financial aid or wish to **deactivate**. Click here for a listing of available [CIP codes](http://www2.faytechcc.edu/faculty-staff/CIP-Codes.pdf). If you wish to deactivate a program, please enter the program name/code and enter “Yes” in the “Deactivate” box.

| **Program Name/Code** | **CIP Code** | **No. of Weeks** | **Total Clock Hours** | **Total Credit Hours** | **Request to Activate**  **(Enter Yes Below)** | **Request to Deactivate**  **(Enter Yes Below)** |
| --- | --- | --- | --- | --- | --- | --- |
| **Example Only:**  Welding Technology Certificate (C50420C1) | 48.0508 | 48 | 1200 | 17 | Yes |  |
| **Program Name/Code** | **CIP Code** | **No. of Weeks** | **Total Clock Hours** | **Total Credit Hours** | **Request to Activate**  **(Enter Yes Below)** | **Request to Deactivate**  **(Enter Yes Below)** |
| **Example Only:**  Business Administration/ Public Adm. Certificate (C2512HC3) |  |  |  |  |  | Yes |
| **Program Name/Code** | **CIP Code** | **No. of Weeks** | **Total Clock Hours** | **Total Credit Hours** | **Request to Activate**  **(Enter Yes Below)** | **Request to Deactivate**  **(Enter Yes Below)** |
|  |  |  |  |  |  |  |
| **Program Name/Code** | **CIP Code** | **No. of Weeks** | **Total Clock Hours** | **Total Credit Hours** | **Request to Activate**  **(Enter Yes Below)** | **Request to Deactivate**  **(Enter Yes Below)** |
|  |  |  |  |  |  |  |
| **Program Name/Code** | **CIP Code** | **No. of Weeks** | **Total Clock Hours** | **Total Credit Hours** | **Request to Activate**  **(Enter Yes Below)** | **Request to Deactivate**  **(Enter Yes Below)** |
|  |  |  |  |  |  |  |

| **Program Name/Code** | **CIP Code** | **No. of Weeks** | **Total Clock Hours** | **Total Credit Hours** | **Request to Activate**  **(Enter Yes Below)** | **Request to Deactivate**  **(Enter Yes Below)** |
| --- | --- | --- | --- | --- | --- | --- |
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| **Program Name/Code** | **CIP Code** | **No. of Weeks** | **Total Clock Hours** | **Total Credit Hours** | **Request to Activate**  **(Enter Yes Below)** | **Request to Deactivate**  **(Enter Yes Below)** |
|  |  |  |  |  |  |  |
| **Program Name/Code** | **CIP Code** | **No. of Weeks** | **Total Clock Hours** | **Total Credit Hours** | **Request to Activate**  **(Enter Yes Below)** | **Request to Deactivate**  **(Enter Yes Below)** |
|  |  |  |  |  |  |  |
| **Program Name/Code** | **CIP Code** | **No. of Weeks** | **Total Clock Hours** | **Total Credit Hours** | **Request to Activate**  **(Enter Yes Below)** | **Request to Deactivate**  **(Enter Yes Below)** |
|  |  |  |  |  |  |  |
| **Program Name/Code** | **CIP Code** | **No. of Weeks** | **Total Clock Hours** | **Total Credit Hours** | **Request to Activate**  **(Enter Yes Below)** | **Request to Deactivate**  **(Enter Yes Below)** |
|  |  |  |  |  |  |  |
| **Program Name/Code** | **CIP Code** | **No. of Weeks** | **Total Clock Hours** | **Total Credit Hours** | **Request to Activate**  **(Enter Yes Below)** | **Request to Deactivate**  **(Enter Yes Below)** |
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| Requested by (Print Name): |  | Date: |  |
| --- | --- | --- | --- |

| Dean/Department Chair (Print Name): |  |
| --- | --- |

| Dean/Department Chair (Signature): |  | Date: |  |
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**Please complete and return this form to the Financial Aid Office, Attention: Financial Aid Director, Tony Rand Student Center-Room 119.**