**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)** |
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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)** |
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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)** |
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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)** |
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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)** |
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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)** |
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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)** |
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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)** |
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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)** |
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| Requested by (Print Name): |       | Date:  |       |
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| Dean/Department Chair (Print Name): |       |
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| 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.**