



OFFICE OF FINANCIAL AID
 Missouri Western State University
 4525 Downs Drive
 Eder 103
 St. Joseph, MO 64507

Office (816) 271-4361
 Fax (816) 271-5879
 missouriwestern.edu/finaid/contact

Post-Baccalaureate Teacher Certification Form for Federal Financial Assistance

Student Name: _____ **ID Number:** _____

Students may receive Federal student loans if enrolled at least half-time in required teacher certification coursework required for elementary or secondary teacher certification or recertification in the state where the student plans to teach. *Optional courses that the student elects to take for professional recognition or advancement, and courses recommend by the school but not required for certification, do not qualify.*

The student listed above is pursuing an eligible teacher certification and the classes listed below are required by the State of _____ to receive elementary or secondary certification or recertification.

Teacher Certification Emphasis Area: _____

Courses required for certification:

Course Number (Ex: BIO101)	Credit Hours	Enrolled Semester (FAO Use Only)	Course Number (Ex: BIO101)	Credit Hours	Enrolled Semester (FAO Use Only)

Total Hours: _____

Advisor Signature: _____ **Date:** _____

Department Chair Signature: _____ **Date:** _____

Education Department Signature: _____ **Date:** _____

I certify that I am pursuing Teacher Certification or Recertification to teach in the State listed above. I understand that I may only take the required courses listed on this form to receive Federal student loans.

Student Signature: _____ **Date:** _____