Maryland Higher Education Commission
Office of Student Financial Assistance
6 N. Liberty Street, Ground Suite
Baltimore, MD 21201
(410) 767-3300; (800) 974-1024
TTY for the Deaf - (800) 735-2258
www.mhec.maryland.gov

ENROLLED FOR LESS THAN 12 CREDITS

CERTIFICATION FORM
For EA or GA Grants
Academic Year 2020-2021

appeal.mhec@maryland.gov

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'S FULL NAME: ____

STUDENT'S SSN: ____

INSTITUTION: ____

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: _____ SIGNATURE: _____
Print Full Name

TITLE: _____ DEPARTMENT: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

This form and documentation as outlined above may be submitted in one of the following ways:

1. **By Mail:** Maryland Higher Education Commission
Office of Student Financial Assistance
Attention: Appeal Committee
6 N. Liberty Street, Ground Suite
Baltimore, MD 21201;

2. **Email:** appeal.mhec@maryland.gov; or

3. **Drop boxes, which are located in the MHEC lobbies, located** at 6 N. Liberty Street, Baltimore, MD 21201 and 200 West Baltimore Street, Baltimore, MD 21201.

Fall Deadline: October 15, 2020

Spring Deadline: March 15, 2021