



Maryland Higher Education Commission
Office of Student Financial Aid
217 E. Redwood Street, Suite 2100
Baltimore, MD 21201
(410) 767-3300; (800) 974-0203
TTY for the Deaf – (800) 735-2258
MHEC.MARYLAND.GOV

Department Chair Certification Form 2025-26 Academic Year Appeal Request

IMPORTANT: Follow instructions closely. This form must be filled out accurately to assess whether a student meets the requirements to appeal for consideration or reconsideration of a Maryland State grant or scholarship provided by the Maryland Higher Education Commission. Incomplete or inaccurate forms may result in the rejection of the appeal request.

Parts A-C to be completed by student

A. Student Information

Last Name

First Name

MHEC ID#

B. Appeal Information Check the 2025-26 academic year program and appeal you are completing this form for. You cannot select more than one from each category.

Program (choose one):

- ☐ Guaranteed Access Grant
☐ Educational Assistance Grant

Appeal (choose one):

- ☐ Credit Completion Appeal
☐ Enrolled in Less Than 12 Credits – Fall 2025
☐ Enrolled in Less Than 12 Credits – Spring 2026

Notes:

- If a student needs to submit both a Credit Completion Appeal AND an Enrolled in Less Than 12 Credits Appeal, they must submit a form for **each** appeal.
- If a student has previously received an Educational Assistance Grant or Campus-Based Educational Assistance Grant, they cannot be considered for the Guaranteed Access Grant, regardless of reason.

C. Institution Information

Institution

Program of Study / Degree Program

Year in College: ☐ Freshman/1st year ☐ Sophomore/2nd year ☐ Junior/3rd year ☐ Senior/4th year ☐ 5th year+

Parts D-F to be completed by department chair of program

D. Department Chair Information

Department Chair Full Name

Title

Department

Email

Phone Number

E. Course Information Below, enter the information about the courses the student was or is enrolled in for the selected term(s).

Important:

- For Credit Completion appeals, list the enrolled courses for the entire **2024-25** academic year.
- For Enrolled in Less Than 12 Credit appeals, list either the **Fall 2025** or **Spring 2026** enrolled courses, depending on which term the student is filing for.

If more entries are needed, please make a copy of this page, complete, and attach to this document.

Academic Year	<input type="checkbox"/> 2024-25	<input type="checkbox"/> 2025-26	Term	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	Credit Hours:	
Course Title (i.e.: NURS 201, Fundamentals of Nursing)							
Type of Course and/or Activity and Clock Hours (check all that apply and provide their total clock hours per term)	<input type="checkbox"/> Clinical Clock Hours: _____			<input type="checkbox"/> Lab Clock Hours: _____			
	<input type="checkbox"/> Lecture Clock Hours: _____			<input type="checkbox"/> Internship Clock Hours: _____			
	<input type="checkbox"/> Practicum Clock Hours: _____			<input type="checkbox"/> Other: _____ Clock Hours: _____			
Is this course/activity a requirement of the student's program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes			

Academic Year	<input type="checkbox"/> 2024-25	<input type="checkbox"/> 2025-26	Term	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	Credit Hours:	
Course Title (i.e.: NURS 201, Fundamentals of Nursing)							
Type of Course and/or Activity and Clock Hours (check all that apply and provide their total clock hours per term)	<input type="checkbox"/> Clinical Clock Hours: _____			<input type="checkbox"/> Lab Clock Hours: _____			
	<input type="checkbox"/> Lecture Clock Hours: _____			<input type="checkbox"/> Internship Clock Hours: _____			
	<input type="checkbox"/> Practicum Clock Hours: _____			<input type="checkbox"/> Other: _____ Clock Hours: _____			
Is this course/activity a requirement of the student's program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes			

Academic Year	<input type="checkbox"/> 2024-25	<input type="checkbox"/> 2025-26	Term	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	Credit Hours:	
Course Title (i.e.: NURS 201, Fundamentals of Nursing)							
Type of Course and/or Activity and Clock Hours (check all that apply and provide their total clock hours per term)	<input type="checkbox"/> Clinical Clock Hours: _____			<input type="checkbox"/> Lab Clock Hours: _____			
	<input type="checkbox"/> Lecture Clock Hours: _____			<input type="checkbox"/> Internship Clock Hours: _____			
	<input type="checkbox"/> Practicum Clock Hours: _____			<input type="checkbox"/> Other: _____ Clock Hours: _____			
Is this course/activity a requirement of the student's program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes			

Academic Year	<input type="checkbox"/> 2024-25	<input type="checkbox"/> 2025-26	Term	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	Credit Hours:	
Course Title (i.e.: NURS 201, Fundamentals of Nursing)							
Type of Course and/or Activity and Clock Hours (check all that apply and provide their total clock hours per term)	<input type="checkbox"/> Clinical Clock Hours: _____			<input type="checkbox"/> Lab Clock Hours: _____			
	<input type="checkbox"/> Lecture Clock Hours: _____			<input type="checkbox"/> Internship Clock Hours: _____			
	<input type="checkbox"/> Practicum Clock Hours: _____			<input type="checkbox"/> Other: _____ Clock Hours: _____			
Is this course/activity a requirement of the student's program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes			

F. Department Chair Certification Below, please answer the questions affiliated with the appropriate appeal request being filed.

Credit Completion Appeal Certification:

1. Was the student participating in a study abroad program during the 2024-25 academic year? ☐ Yes ☐ No
 - a. If yes, was this program a required part of their degree program, or did their courses taken abroad fulfill academic program requirements? ☐ Yes ☐ No ☐ N/A
2. Was the student considered full-time, despite completing less than 24 credits in the 2024-25 year, because of academic program requirements? ☐ Yes ☐ No

Additional Notes (Optional):

Enrolled in Less Than 12 Credits Appeal Certification:

1. Is this student participating in a study abroad program this term? ☐ Yes ☐ No
 - a. If yes, is this program a required part of their degree program, or are the courses being taken abroad fulfilling academic program requirements? ☐ Yes ☐ No ☐ N/A
2. Is the student considered full-time, despite being enrolled in less than 12 credits this term, because of academic program requirements? ☐ Yes ☐ No

Additional Notes (Optional):

The person signing below certifies that all of the information they have provided is true and complete to the best of the signer's knowledge, and agrees to provide documentation, if requested, that will verify the accuracy of the information requested.

Note: Typed signatures are not permitted. Wet signatures (signed in ink) or verified e-signatures are permitted.

Department Chair Signature

Date

IMPORTANT!

This completed form must be returned to the student listed in Part A.

Students are required to duly upload this Department Chair Certification Form as a part of their 2025-26 appeal request to the Maryland Higher Education Commission by the below appropriate deadline.

Failure to have a completed form uploaded by the deadline will result in the appeal request being denied.

Credit Completion Appeal Deadline: September 15, 2025

Fall 2025 Enrolled in Less Than 12 Credits Appeal Deadline: October 15, 2025

Spring 2026 Enrolled in Less Than 12 Credits Appeal Deadline: March 15, 2026