



Office of Financial Aid

## Academic Certification of TEACH Grant Eligibility

Student Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Student ID # \_\_\_\_\_

**This form is to be completed by the Dean of Education or designee.**

The above student has met the academic requirements necessary to establish eligibility to receive a Teacher Education Assistance for College and Higher Education (TEACH) Grant beginning with the term listed below:

- Semester/Year \_\_\_\_\_
- As of the date below, this student is in the TEACH eligible major of \_\_\_\_\_
- The student has scored above the 75<sup>th</sup> percentile on one of the batteries of the listed nations-normed admissions test:
  - Test Name \_\_\_\_\_
  - Date of Test \_\_\_\_\_
  - Test Battery Used to Determine Eligibility \_\_\_\_\_
  - **OR** Student currently has a 3.25 or higher cumulative grade point average (GPA) and falls into one of the two categories listed below:
    - \_\_\_\_\_ Student is a first semester freshman and had a 3.25 cumulative GPA from high school.
    - \_\_\_\_\_ Student has a college cumulative GPA of 3.25 or higher.
  - **OR** Student is a graduate student who is currently a teacher, and is either retiring or has expertise in a shortage area (math, science, special education, English as a Second Language or another high-need subject \_\_\_\_\_).

Name of Certifying Official \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_ Phone \_\_\_\_\_

College of Education faculty and/or staff have discussed with me the academic and career implications once the TEACH grant is received. I wish to accept this grant.

Name of Student \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_

### **Return Completed Form to:**

Niagara University  
Office of Financial Aid