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**Enrollment Management**

Office of Student Financial Aid

**The University of Toledo**

**Certificate Program**

**Request for Federal Financial Aid**

1. Certificate Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Program Level (please circle one): Undergraduate

Graduate /Professional

1. Program Credential Level (please circle one): 01 = Undergraduate

04=Post Baccalaureate

08= Graduate/Professional

1. Total Number of Weeks in Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Total Number of Credit Hours: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Total Number of Clock Hours (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Gainful Employment Disclosure Contact Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Contact Email and Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Would this certificate alone prepare a student for gainful employment in a recognized occupation? Yes

No

If you answered ‘yes’, list the Standard Occupation Code (SOC): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(The Department of Labor’s Standard Occupational Code (SOC) must be provided to identify the occupation that the certificate program prepares the students to enter. SOC codes may be found on the Department of Labor’s website (<http://www.onetonline.org>)

If you answered ‘No’ to Question #9 and/or have not entered an SOC, the Certificate Program is not considered Gainful Employment and is therefore not eligible for federal aid.

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/College: ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit this completed form with copies of each applicable program’s State of Ohio and/or Higher Learning Commission Approvals to the Office of Student Financial Aid (MS 314). If you are not required to obtain approval from the State or Higher Learning Commission for the program(s), please provide documentation which demonstrates that approval is not required.