

I certify that the provided information is correct. I understand that it is my responsibility to notify the Florida Department of Education of any changes which may affect my status under the teacher scholarship loan program. Additionally, I understand that it is my responsibility to notify the Department of any change to my name, permanent address, telephone number, or anticipated graduation date.

I further authorize my postsecondary institution to release information to the Florida Department of Education by completing Section V or VI of this report as required.

Loan Recipient's Signature

Date

***IMPORTANT:
IF THIS REPORT IS NOT COMPLETED AND RETURNED WITHIN 30 DAYS, YOUR ACCOUNT COULD BE
PLACED IN REPAYMENT STATUS WITH INTEREST ACCRUING AS INDICATED IN YOUR PROMISSORY
NOTE.***

Section V: To Be Completed By The Dean Of The College Of Education

I certify that _____ (student's name) is currently enrolled **full time** in and making satisfactory progress toward completing a state-approved teacher education program leading to certification as a Florida teacher.

The student's expected graduation date is ____/____/____ and academic level is: (Check [✓] one.) _____ Junior _____ Senior _____ Graduate.

Signature of Certifying Official

Date

Name and Title of Certifying Official (Print or Type)

(_____)_____
Telephone Number

Name of Postsecondary Institution

Address

City _____ State _____ Zip Code _____



**NOT VALID
WITHOUT STAMP
OR SEAL**

Section VI: To Be Completed By The Registrar Of The Postsecondary Institution To Verify At Least Part-Time Status Or Full Time Enrollment In Other Than A State-Approved Program Leading To A Teaching Certificate

I certify that _____ (student's name) is currently enrolled **part-time or full-time** in and making satisfactory progress toward completing a program of study leading to a degree.

The student's expected graduation date is ____/____/____ and academic level is: (Check [✓] one.) _____ Junior _____ Senior _____ Graduate.

Signature of Certifying Official

Date

Name and Title of Certifying Official (Print or Type)

(_____)_____
Telephone Number

Name of Postsecondary Institution

Address _____ City _____ State _____ Zip Code _____



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**RETURN THIS REPORT IN THE ENCLOSED POSTAGE-PAID ENVELOPE TO:
Florida Department of Education
Office of Student Financial Assistance, State Loan Servicing
1940 North Monroe Street, Suite 70, Tallahassee, Florida 32303-4759**