



Status Verification Report
Florida Department of Education
Office of Student Financial Assistance
325 West Gaines Street, Room 934
Tallahassee, FL 32399-0400

toll-free 1-888-827-2004
fax 1-850-413-7443

Section I: To Be Completed By All Program Participants
Please check for accuracy and revise your social security number, telephone, name, and/or address if needed. Print or Type.
Our Information **Your Revisions, as Needed**

	- -
Program Number	Social Security No.
	()
	Telephone
	Name
	Permanent Address: Street Apt. No.
	City State Zip Code

Please complete the appropriate responses below and check (✓) all answers that apply to you

Section II: To Be Completed By Students No Longer In School

- 1** ***I have graduated from my undergraduate program.*** Yes. If yes, reply to 1a, 1b, 1c, & 1d. No. If no, continue to item 2.
- 1a When: / /
- 1b With a degree from (name of institution):
- 1c With the degree of (e.g., BA, BS, etc.):
- 1d With a major in:
- 2** ***I have withdrawn from school without graduating.*** Yes No
- 2a I withdrew on (date): / /

Section III: To Be Completed By Students Currently Enrolled

- 3** ***I am currently enrolled:*** Full time Part time
- 3a I am enrolled in a state-approved program leading to teacher certification. Yes. *Complete Section V.* No. *Complete Section VI.*
- 3b I am in graduate school. Yes No
- 3c I plan to attend graduate school next year. Yes No

Section IV: To Be Completed By Teachers

- 4** ***Teaching in Florida publicly-funded school*** Yes. If yes, reply to 4a, 4b, 4c, & 4d. No. If no, reply to item 5.
- 4a Subject(s) I am teaching:
- 4b Grade level(s) I am teaching: Primary Elementary Middle Secondary K-8 K-12
- 4c I am teaching in (school name):
- 4d I am teaching in (name of school district):
- 5** ***If not already doing so, I intend to teach full time in a Florida publicly-funded school.*** Yes No.

(OVER)

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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