SECTION 1: IDENTIFICATION

Student Name: ____________________________ Roosevelt ID #: ____________

SECTION 2: ACADEMIC ADVISOR/COUNSELOR CERTIFICATION

The student listed above is enrolled in the following courses. Please be aware that this certification is required before this student’s financial aid can be processed.

Please indicate whether or not the courses listed below are pre-requisites or required for the student’s current Master’s Degree program.

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<th>COURSE NAME</th>
<th>COURSE NO.</th>
<th>DEGREE</th>
<th>CERTIFICATION</th>
<th>PRE-REQUISITE</th>
<th>NOT REQUIRED</th>
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Please list the student’s major and/or certificate programs that applies to the current Master’s degree program:

________________________________________________________________________

Additional Comments:

________________________________________________________________________

SECTION 3: ACADEMIC ADVISOR/COUNSELOR SIGNATURE

By signing this form, I certify that I have accurately reviewed the above listed courses for this student’s Master’s Degree Program.

PHYSICAL SIGNATURE – DO NOT TYPE

Advisor’s Signature: ____________________________

Date: ____________

Office Phone Number: ____________________________

Submit this form to the Office of Financial Aid in person (1M16 Wabash/Mezzanine Floor) or by email to fas@roosevelt.edu, or by fax (to 312-341-3545).