

2018-2019
8 WEEK COURSES VERIFICATION OF HOURS

Student: _____

ID: _____

RN to BSN:

Fall A	Fall B	Spring A	Spring B	Summer I
08/21/18	10/15/18	01/15/19	03/11/19	06/04/19
10/12/18	12/10/18	03/08/19	05/11/19	07/27/19

Indicate the number of hours you anticipate enrolling for each semester:
(This information will be used to determine the number of disbursements for the award year).

MHA:

Fall A	Fall B	Spring A	Spring B	Summer I
08/21/18	10/15/18	01/15/19	03/11/19	06/04/19
10/12/18	12/10/18	03/08/19	05/11/19	07/27/19

Indicate the number of hours you anticipate enrolling for each semester:
(This information will be used to determine the number of disbursements for the award year).

Signature: _____

Date: _____