

**EDUCATIONAL PLAN FORM**  
**FOR SPECIAL UNDERGRADUATE OR SPECIAL GRADUATE STUDENTS**  
**(EDP FORM)**

This form must be **Completed** and **Signed** by the Department/Program Chair  
or the Graduate Program Coordinator

STUDENT NAME: \_\_\_\_\_ ETSU ID: E\_\_\_\_\_

This student is classified as a "Non-degree Special Undergraduate" or a "Special Graduate." This student is not admitted to a degree-seeking program at ETSU. Non-degree seeking students are not eligible for Federal Financial Aid. **There are two exceptions to this federal regulation.**

1. Courses required for elementary or secondary teacher certification or recertification in the state where the student plans to teach **QUALIFY** for certain student loans and Federal Work Study. (Optional courses that the student elects to take for professional recognition or advancement, and courses recommended by the school but not required for certification **DO NOT QUALIFY**.)
2. Courses required as prerequisites prior to admission to a graduate degree program or a professional degree program (i.e. PMED, PDNT, PPOD, PPHY, POPT, PCHI, PPAS, PVET, POPM) **QUALIFY** for certain student loans and Federal Work Study. (Courses taken only to raise the student's GPA **DO NOT QUALIFY**.) In this case, the student could be eligible for federal financial aid for up to 12 consecutive months only.

**MARK THE CORRECT STATEMENT BELOW:**

\_\_\_\_\_ This student is approved for courses required for elementary or secondary teacher certification.

\_\_\_\_\_ This student is approved for courses required as prerequisites for admission to a graduate degree program or a professional degree program.

\*\*\* **Proposed graduate degree or professional degree program:** \_\_\_\_\_

**List courses required below:** (Student must be enrolled 6 or more hours per term for financial aid)

Hours	Course Prefix & Number	Course Title	Term to be enrolled
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Continue on the back of this form if necessary)

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Dept/Program Chair or Graduate Program Coordinator Phone Number: \_\_\_\_\_

**Student:** Have you ever received Federal Financial Aid while enrolled in prerequisite coursework prior to admission to any degree program (i.e. associates, bachelors, graduate)?  
No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, When \_\_\_\_\_, Where \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_