



**2019-2020
8 WEEK COURSES VERIFICATION OF HOURS**

Student: _____

ID: _____

RN to BSN:

Fall A	Fall B	Spring A	Spring B	Summer I
08/19/19	10/14/19	01/15/20	03/09/20	06/01/20
10/11/19	12/07/19	03/06/20	05/09/20	07/25/20

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
08/19/19	10/14/19	01/15/20	03/09/20	06/01/20
10/11/19	12/07/19	03/06/20	05/09/20	07/25/20

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: _____