Certification of Enrollment for Payment
Grant Program for Exonerees
2019 – 20 Academic Year

ILLINOIS UNIVERSITY

School Name

00000

School Code

FALL 2019

Term: Requested

1/3/2020

Due Date

<table>
<thead>
<tr>
<th>Applicant’s Name</th>
<th>*Academic Level</th>
<th>Requested Amount</th>
<th>Total Hours Enrolled</th>
<th>Eligibility Units Used Through</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>HOURS</td>
<td>0</td>
</tr>
</tbody>
</table>

I certify that each student for whom payment is requested meets the following:

- Enrolled in an eligible degree or certificate program and making satisfactory academic progress for the term in which payment is being claimed;
- Amount does not exceed the tuition and mandatory fees charged for this term;
- Compliance with Selective Service requirements;
- Resident of Illinois; and
- Not in default on any student loan and does not owe a refund on any state or federal grant.

If not eligible, list reason: ____________________________________________

______________________________
Signature & Title of Certifying Official

______________________________
Date

______________________________
Telephone Number

______________________________
E-mail Address

* Key - Academic Level:
  1 = Freshman
  2 = Sophomore
  3 = Junior
  4 = Senior
  5 = Graduate

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