

Verification of Financial Aid for 3rd Party 2017-2018



Student Name _____ ID _____

Student Signature _____ Date _____

To Whom It May Concern:

_____ has been approved for student financial aid in the amount of \$ _____ over a time period from _____ to _____ (one quarter). This student is currently enrolled in the _____ program. This amount may be adjusted due to changes in the enrollment status.

If you need further assistance, please contact the Financial Aid Department at (770) 426-2700.

FA Counselor Signature _____ Date _____

Printed Name _____ Title _____

Doctor of Chiropractic Program (DC)	
Credit Range	Maximum FA Eligibility
6 - 11	\$12,551
12 - 18	\$14,669
19 - 25	\$17,493
26 - 31	\$19,434

\$353 per credit and Quarterly Fee of \$350

Master (GR)	
Credit Range	Maximum FA Eligibility
5 - 8	\$11,105
9-13	\$12,320
14-16	\$13,400

\$270 per credit and Quarterly Fee of \$350

Undergraduate (UG)	
Credit Range	Maximum FA Eligibility
6 - 11	\$11,165
12 - 18	\$12,587
19 - 25	\$14,483

\$237 per credit and Quarterly Fee of \$350