



Financial Aid Office  
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Bronx Community College  
Of The City University of New York  
2155 University Avenue  
Bronx, New York 10453

## NYS Final Year of Study Certification Form New York State Awards

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Emplid \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_  
Program of Study \_\_\_\_\_ Expected Date of Graduation \_\_\_\_\_

Semester Prior to Last term of Study SEMESTER \_\_\_\_\_

Course _____	Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Credits _____
Course _____	Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Credits _____
Course _____	Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Credits _____
Course _____	Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Credits _____
Course _____	Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Credits _____

Final term of study SEMESTER \_\_\_\_\_

Course _____	Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Credits _____
Course _____	Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Credits _____
Course _____	Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Credits _____
Course _____	Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Credits _____
Course _____	Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Credits _____

### Student Certification

I certify that I am aware of the following: **1.)** I must maintain full time status; **2.)** In my *semester prior to final term*, at least 6 credits of my full time load must be part of my program of study; **3.)** In my *final term* of study at least one class of my full time load must be part of my program of study; **4.)** I must meet all of the other State requirements as outlined at ([www.hesc.ny.gov](http://www.hesc.ny.gov)) and **5.)** If I fail to follow the plan outlined during my second to last semester of study or I fail to graduate, my New York State award will be denied for the following semester.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### Advisor Certification

I certify that in completing the above academic plan, the student will meet all requirements of graduation for his/her program of study.

Advisor Name \_\_\_\_\_ Contact Information \_\_\_\_\_  
Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

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### For Financial Aid Use Only

NYS Award certified for semester prior to final term YES ☐ NO ☐  
Reason \_\_\_\_\_ Date \_\_\_\_\_

NYS Award certified for final term YES ☐ NO ☐  
Reason \_\_\_\_\_ Date \_\_\_\_\_