



Sacred Heart UNIVERSITY

Office of Student Financial Assistance

Federal TEACH Grant College of Education – Program Confirmation

Student Name: _____ ID#: _____

Sacred Heart University's Isabelle Farrington College of Education certifies that the student identified above:

- Is enrolled in a program of study designed to prepare the student to teach as a highly-qualified teacher in a high-need field.
- Is enrolled in a program that leads to a baccalaureate or master's degree.
- Intends on applying for acceptance into Sacred Heart University's Five-Year Program and meets preliminary requirements for acceptance.

College of Education Approval:

Signature: _____ Date: _____

Name & Title: _____

This document may be submitted to the Office of Student Financial Assistance **ONLY** via [SHUAwards](#) (Menu > My Documents > Upload it now!), secure fax, mail, or in-person as it contains personally identifiable information.

5151 Park Avenue, Fairfield, CT 06825 203-371-7980(*phone*) 203-365-7608(*secure fax*)