

2025-2026 Federal TEACH Grant Academic Advisor Acknowledgement

* Not required for graduate students or undergraduate students who have received the TEACH grant at MBU previously *

Online

Name: ______Advisor: _____

Major or Intended Major: _____

Cumulative GPA: _____ Program (circle): MBCW/UC VWIL PEG

MBU ID: _____ Telephone Number: (____) ____

(First year students use cumulative high school GPA; transfer students use cumulative GPA from most recent college work).

Section 2: To be completed by the advisor

Section 1: To be completed by the student

Name:
Department:
Check next to applicable statements below. All statements must apply for TEACH grant to be awarded:
This student has discussed plans with me to take coursework intended to work toward teacher licensure.
This student and I have discussed the coursework necessary for teacher licensure.
This student plans to seek teacher licensure endorsement in the following area(s):

Student Signature: _____ Date: _____ Date:

Advisor Signature:	Date:		
	Questions? Contact the Financial Aid Office		

by email to:	by phone at: 540-887-	in person at:
finaid@marybaldwin.edu	7022	Administration Building
		Ground Floor