

Ability-To-Benefit (ATB) Alternatives Eligibility Affirmation Form

Student Last Name: _____ Student First Name: _____

Student SSN: _____ Institution/Campus: _____

ELIGIBLE STUDENT IN A CAREER PATHWAY PROGRAM

I certify & can provide documentation supporting that this student who does not have a high school diploma or an equivalent such as a GED certificate, or who was not homeschooled:

- 1) *first enrolled in an Title IV Eligible Postsecondary Program that is part of an eligible career pathway program as defined in section 484(d)(2) of the HEA, on or after July 1, 2014 and is eligible for Title IV HEA assistance using one of the following ATB alternatives **OR***
- 2) *first enrolled in an Title IV Eligible Postsecondary Program that is part of an eligible career pathway program as re-defined by Pub.L.114-113 section 484(d)(2) of the HEA, on or after December 18, 2015 and is eligible for Title IV HEA assistance using one of the following ATB alternatives:*

(Choose one)

- The student has passed an independently administered Department of Education approved ATB test
- The student has completed at least 6 credit hours or 225 clock hours that are applicable toward a degree or certificate offered by the postsecondary institution
- Completes a State process approved by the Secretary of Education. Note: To date, no State process has ever been submitted for the Secretary's approval

ELIGIBLE GRAND-FATHERED STUDENTS (ENROLLED IN AN ELIGIBLE PROGRAM PRIOR TO JULY 1, 2012

I certify & provide documentation supporting that the student either (choose one):

- Attended in an eligible program at a Title IV institution prior to July 1, 2012
- Officially registered at a Title IV institution prior to July 1, 2012 and the student is scheduled to attend an eligible program.

AND (choose one):

- The student has passed an independently administered Department of Education approved ATB test
- The student has completed at least 6 credit hours or 225 clock hours that are applicable toward a degree or certificate offered by the postsecondary institution
- Completes a State process approved by the Secretary of Education. Note: To date, no State process has ever been submitted for the Secretary's approval

Signed by: _____

Name (printed): _____

Date: _____