

**Advisor Signature** 

**Student Signature** 

sfa.msstate.edu/dawg-documents
Post Office Box 6035
Mississippi State, MS 39762-6035

Date

## 2025-2026 TEACH Grant Major Counseling Form

		9		
	Student's Name	Student's MSU Net ID	MSU ID (9 digit)	
<b>prog</b> Colle for th the F	ram of study, or if it is unclear who ge of Education Academic advisor	ether your major meets the TEAC on the Starkville Campus will help n with the advisor, your signed fo	o to determine your major eligibility orm will be accepted and submitted to	
MS	U College of Education Advisor	r:		
	After counseling with this student, it is my opinion that he/she <u>does</u> have the academic ability to be successful in a curriculum that will allow him/her to teach as required by the Federal TEACH Grant Program.			
	Further, this student has indicated that he/she does intend to complete the curriculum and intends to pursue employment as a teacher in a position that meets the requirements of the Federal TEACH Grant Program.			
	Therefore, it is recommended that the MSU Department of Student Financial Aid <u>continue</u> with the process to determine eligibility for a TEACH Grant Award.			
	The student is majoring in:			
	With a concentration in:	h a concentration in:		
	Student understands they must teach a majority of classes in this high-need field.			
	After counseling with this student, it has been determined that he/she <u>does not meet</u> , or <u>does not</u> <u>intend to meet</u> , the University requirements necessary to complete a program of study that will allow the applicant to be employed as a teacher in a position that meets the Federal TEACH Grant requirements.			
	Therefore, it is recommended that the student's application for a TEACH Grant Award be <u>cancelled</u> .			
Advis	sor Name (print)		Date	