

(Revised 07-2025)

## SECTION 1: PURPOSE OF FORM

This form may be substituted as proof of high school completion during MI Student Aid program reviews by recommending a student for the Michigan Competitive Scholarship and/or Michigan Tuition Grant. Please maintain this form for your records.

All other eligibility criteria still apply.

## SECTION 2: RECOMMENDED STUDENT INFORMATION

*Add the recommended student's information.*

Student First Name \_\_\_\_\_ Student Last Name \_\_\_\_\_

MISSG ID \_\_\_\_\_

## SECTION 3: CERTIFYING INDIVIDUAL INFORMATION

*Add the details of the certifying individual at the institution who is recommending the student.*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Institution Name \_\_\_\_\_

Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_