This letter must come from the Program Coordinator for the accepted degree program student is enrolled in.

LETTERHEAD (College/Institution)

Date

Johns Hopkins University
Office of Benefits Services
1101 E. 33rd Street, Ste. D100
Baltimore, MD 21218

Re: Tuition Grant Specialty Program Letter for student’s name

Dear Sir/Madam:

Please accept this letter in support of student’s name who was admitted for the semester/year as a student at name of college/institution, working toward an degree (e.g., Associates of Arts) in Program. This program has a set curriculum that students must follow. (Please attach a copy of program requirements to this letter.)

(Provide an explanation as to why curriculum is considered a full-time program - e.g., this is a Nursing Program explanation.) Students must adhere to this schedule and are considered full-time is this program in spite of the total number of credits. This is because as they move through the curriculum the time spent in the hospital and health care settings (external to classroom instruction) progressively increases.

(Provide contact information for Program Coordinator/Representative)

Sincerely,

(Program Coordinator/Representative)