PARENT EDUCATION/TRAINING VERIFICATION
(Form must be completed by an Accredited Educational Institution)

Name of Student: ___________________________________________________________

Name of School/Training Program: __________________________________________

School Location: ___________________________ City_______________ State_____ Zip_____

Semester Start Date: ___________ Semester End Date: ________Credit Hours: ________

Is the Student enrolled in a program that is different from a traditional “semester” (i.e., modules, etc.)? Yes___ (or) No____
If yes, please attach module schedule.

Student Status: (circle one) Full Time or Part Time

Are any of the student’s credit hours online? Yes_____ (or) No_____
If yes, how many? ________

Is the Student required to participate in extra educational activities outside of schedule classroom hours (i.e. clinical, externships, internships, labs, study groups, etc.)? Yes_____ (or) No_____
If yes, please explain: _________________________________________________________________

__________________________________________________________

PLEASE ATTACH AN OFFICIAL CLASS SCHEDULE INCLUDING CLASS HOURS AND DAYS OF ATTENDANCE

Please check the student educational activity as a purpose for care:

GED______ Secondary Education Program _______ Technical or Vocational Program ______

Associate of Arts______ Associate of Science _______ Bachelor of Arts ________

Bachelor of Science______ Other ________ Please Explain______________________________

__________________________________________________________

Printed Name of School Official Completing Form Date

Signature of School Official Completing Form Phone Number

Official School/Training Seal: