



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: