

CLASS / TRAINING SCHEDULE VERIFICATION

THE SHADED AREAS MUST BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE EDUCATIONAL/TRAINING INSTITUTE ONLY

Name of the Educational/Training Institution: _____

The Educational/Training Institution is accredited by: _____

Student course of study or major: _____

First day of enrollment: _____

First day of enrollment for the current semester/year: _____

Last day of enrollment for the current semester/year: _____

Anticipated completion/graduation date: _____

Current Schedule of Classes/Training:

If class/training schedule is consistent, complete Week One only.

If class/training schedule varies, complete all four weeks.

WEEK ONE:

Date: _____

Monday from _____ AM/PM to _____ AM/PM
 Tuesday from _____ AM/PM to _____ AM/PM
 Wednesday from _____ AM/PM to _____ AM/PM
 Thursday from _____ AM/PM to _____ AM/PM
 Friday from _____ AM/PM to _____ AM/PM
 Saturday from _____ AM/PM to _____ AM/PM
 Sunday from _____ AM/PM to _____ AM/PM

WEEK TWO:

Date: _____

Monday from _____ AM/PM to _____ AM/PM
 Tuesday from _____ AM/PM to _____ AM/PM
 Wednesday from _____ AM/PM to _____ AM/PM
 Thursday from _____ AM/PM to _____ AM/PM
 Friday from _____ AM/PM to _____ AM/PM
 Saturday from _____ AM/PM to _____ AM/PM
 Sunday from _____ AM/PM to _____ AM/PM

TOTAL NUMBER OF HOURS, WEEK ONE: _____

TOTAL NUMBER OF HOURS, WEEK TWO: _____

WEEK THREE:

Date: _____

Monday from _____ AM/PM to _____ AM/PM
 Tuesday from _____ AM/PM to _____ AM/PM
 Wednesday from _____ AM/PM to _____ AM/PM
 Thursday from _____ AM/PM to _____ AM/PM
 Friday from _____ AM/PM to _____ AM/PM
 Saturday from _____ AM/PM to _____ AM/PM
 Sunday from _____ AM/PM to _____ AM/PM

WEEK FOUR:

Date: _____

Monday from _____ AM/PM to _____ AM/PM
 Tuesday from _____ AM/PM to _____ AM/PM
 Wednesday from _____ AM/PM to _____ AM/PM
 Thursday from _____ AM/PM to _____ AM/PM
 Friday from _____ AM/PM to _____ AM/PM
 Saturday from _____ AM/PM to _____ AM/PM
 Sunday from _____ AM/PM to _____ AM/PM

TOTAL NUMBER OF HOURS, WEEK THREE: _____

TOTAL NUMBER OF HOURS, WEEK FOUR: _____

SCHOOL SEAL OR STAMP:

