



# Full-time Student Verification

## Section 1: Student Completes

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Course end date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Institution attended: \_\_\_\_\_

## Section 2: Academic Administration Completes:

The above named person is a full-time student of this institution and the course end date shown above is accurate for this student.

Person completing this verification (Please Print): \_\_\_\_\_

Person completing this verification (Please Sign): \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Official Institution Stamp: