

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:



