

**PRACTICAL TRAINING**

**ELIGIBILITY FORM**

**To be completed by student:**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
ID #

\_\_\_\_\_  
Student's Degree

\_\_\_\_\_  
Last Term of Study

I, the above named student, verify that I will complete all studies by the end of the term listed above. (If you have any doubts about your completion date, do not sign)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

.....  
**To be completed by graduate records:**

The above named student

\_\_\_\_\_ has no outstanding debts to the school

\_\_\_\_\_ is in his/her last term of study

\_\_\_\_\_  
Graduate Records Office

\_\_\_\_\_  
Date

03/04/2002