

ASSE ASPIRE Trainee/Intern Program Candidate Proof of Student Status

To be completed and signed by the school representative

This is to certify that _____ is / was a full-time student at the named University/College during the time period indicated below and that this Institution delivers post-secondary, academic education. It is understood that student status is a requirement of this program and that all information is correct and accurate to best of my knowledge.

Institution Name:	Enrollment / Begin Date: mm/dd/yyyy
Course Name:	Expected / Actual Graduation Date: mm/dd/yyyy
Type of Degree:	City and Country:
Signature of Official/Professor: (Please sign below)	Institution Stamp or Seal:
Printed Name: Date: mm/dd/yyyy	

If your Educational Institution will not sign this form, they must provide you with an official letter on University or College letterhead providing the same information