

N. If education program was completed in less than the normally required time, please explain below:

O. Use this space to record any other information that you feel would assist the department in evaluating the applicant's educational experiences.

I certify that the information recorded herein is true and correct according to the official records of this institution.

Print Name of School Official

Signature of School Official

Title

Date

SCHOOL SEAL OR NOTARY SEAL

NOTE: If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me the _____ day of _____, 20____.

Date of Expiration

_____ + _____

Signature of Notary Public

SCHOOL OFFICIAL: RETURN THIS FORM TO APPLICANT

ATTENTION APPLICANT: FOR INCLUSION WITH THE APPLICATION PACKET.