



Continuing Employment Attestation

Graduate Information

Graduate Name: _____

Program Name/Session/Campus: _____

Program Start Date: _____ Graduation Date: _____

Employment Information:

Employer Company Name: _____

Employment Start Date: _____ Job Title _____

By signing below, I attest that I am satisfied with continuing employment as a _____, that I have worked for 30 days, and that I am making training related income.

To the best of my knowledge, the above information is complete and accurate. I understand that if I knowingly provide false information, my enrollment may be revoked. I also understand that electronically typing my name in this document is considered to have the same legally binding effect as signing my signature using a pen and paper.

Student Signature

Date

Staff Signature

Date

If the student is unable to sign and deliver/fax/scan the above document, the institution may accept placement waivers via e-mail provided that the e-mail account includes at least part of the student's name in his/her e-mail address.