# SPECIALIZED TRAINING ASSISTANCE PROGRAM ENROLLMENT VERIFICATION

The proponent agency is ARNG-GSE-I. The prescribing directive is All States Memorandum P10-0015

## SECTION I

**MAIL TO:** **NATIONAL GUARD BUREAU**
**ARNG-GSE-I, AMEDD INCENTIVES**
**111 S. GEORGE MASON DRIVE**
**ARLINGTON, VA 22204-1382**

DATE *(YYYYMMDD)*

## SECTION II

NAME *(Last, First, MI)* Social *(Last Four)* XXX - XX -

This is to certify that _____ is currently enrolled and in good standing as a

☐ FULL - TIME STUDENT ☐ PART - TIME STUDENT ☐ RESIDENT AT (list program below)

PROGRAM START DATE *(YYYYMMDD)*

PROGRAM COMPLETE DATE *(YYYYMMDD)*

DEGREE TYPE ☐ BACHELORS ☐ MASTERS ☐ DOCTORATE ☐ OTHER *(IF OTHER, SPECIFY)*

UPON GRADUATION OR COMPLETION, THE SPECIALTY OR AREA OF STUDY WILL BE

COURSES ENROLLED THIS TERM (Nurse Corps Applicants only)

| COURSE TITLE | CREDIT HOURS |
|---|---|
| COURSE TITLE | |
| COURSE TITLE | |
| COURSE TITLE | |
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| COURSE TITLE | |

## SECTION III

OFFICIAL SCHOOL SEAL

EDUCATION FACILITY

OFFICIAL MAILING ADDRESS

PROGRAM DIRECTOR SIGNATURE

PRINTED NAME *(Last, First, MI)*

CONTACT NUMBER