

**SPECIALIZED TRAINING ASSISTANCE PROGRAM ENROLLMENT VERIFICATION**

The proponent agency is ARNG-GSE-I. The prescribing directive is All States Memorandum P11-0011

**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)

CREDIT HOURS

COURSE TITLE	<input type="text"/>

  
  
  
  
  
  

**SECTION III**

OFFICIAL SCHOOL SEAL

EDUCATION FACILITY

PROGRAM DIRECTOR SIGNATURE

OFFICIAL MAILING ADDRESS

PRINTED NAME (Last, First, MI)

CONTACT NUMBER