

**SPECIALIZED TRAINING ASSISTANCE PROGRAM ENROLLMENT VERIFICATION**

The proponent agency is ARNG-HRM. The prescribing directive is ARNG-HRM Directive Memorandum 14-006

**SECTION I**

MAIL TO:

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

**SECTION III**

OFFICIAL SCHOOL SEAL \*

EDUCATION FACILITY

PROGRAM DIRECTOR SIGNATURE

OFFICIAL MAILING ADDRESS

PRINTED NAME (Last, First, MI)

CONTACT NUMBER

\* If no school seal, then a memorandum on school letterhead is required to be submitted with the NGB Form 810 stating that there is no school seal available.