



# VERIFICATION OF COURSES STUDIED

All information must be typed or neatly printed.

While in attendance  
my name was:

\_\_\_\_\_

*Last Name / First Name / Middle Name / or Maiden Name*

Current Name:

\_\_\_\_\_

*Last Name / First Name / Middle Name / or Maiden Name*

Student I.D. Number: \_\_\_\_\_ or Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_

Current Address:

\_\_\_\_\_

*City State Zip Code Country*

Daytime Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Students Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_

**PLEASE NOTE:** The student needs this form completed and returned within 30 days to insure credit for this course as part of their incoming credits.

Name of Instructor: \_\_\_\_\_

Current Address:

\_\_\_\_\_

*City State Zip Code Country*

Daytime Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_

Name of Course: \_\_\_\_\_

Actual number of hours attended: \_\_\_\_\_ Dates attended: from \_\_\_\_\_ to \_\_\_\_\_

**Description and Content:** Please give a complete course description and outline on the reverse side of this form.

**THIS FORM MUST BE NOTARIZED TO BE ACCEPTED**

NOTARY PUBLIC: \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_

My commission expires: \_\_\_\_\_

W.U. Date Received: (Official use only) \_\_\_\_\_ by \_\_\_\_\_

Westbrook University use only: ( ) <i>Accepted for credit</i> ( ) <i>Rejected</i>
Name: _____ Position: _____ Date: _____ 20__