

ID # @00 _____

Student Name: _____

STUDENT SERVICES VERIFICATION



Only submit verification of services that are applicable to your circumstances.

Time in Academic Services or Adult Education Services

Time spent: _____

Staff Signature: _____

Date: _____

Reason: _____

Meeting with CVTC staff member

Date: _____

Staff Name/Title: _____

Staff Signature: _____

Purpose of Meeting: _____

Meeting with CVTC Student Success Specialist

Date: _____

Staff Name/Title: _____

Staff Signature: _____

Purpose of Meeting: _____

Meeting with Academic Advisor

Date: _____

Staff Name/Title: _____

Staff Signature: _____

Purpose of Meeting: _____

Face to Face College Success Seminar (sign up online: resources.cvtc.edu)

Seminar Name: _____

Date/Time: _____

Facilitator signature: _____