Counselor Verification Form

Candidate's Name: _____

Name of School: _____

Program of Study: _____

This candidate has one or more years left in a Career & Technical Education program: ☐ Yes ☐ No

This candidate has a GPA of 2.0 or above: ☐ Yes ☐ No

_____
Counselor Name (Print)

_____ _____
Counselor Signature Date