

Council Tax Reference (if Known) \_\_\_\_\_

Name of Student \_\_\_\_\_

Address of Student \_\_\_\_\_

Name and Address of College/University you are attending –

\_\_\_\_\_  
\_\_\_\_\_

College/University Banner ID/Reference - \_\_\_\_\_

I confirm that person named above is undertaking the following course of education: -

Certificate /Qualification: \_\_\_\_\_

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

Is above considered as full time course YES / NO\* (\*Delete as appropriate)

Length of Course within academic year: \_\_\_\_\_ MONTHS

Average attendance per week, including study time: \_\_\_\_\_ HOURS

Full Course Length: \_\_\_\_\_ YEARS

Course Commencement Date \_\_\_\_\_

Expected Course Completion Date \_\_\_\_\_

SIGNED \_\_\_\_\_

ESTABLISHMENT STAMP

POSITION \_\_\_\_\_

DATE: \_\_\_\_\_