

WORK & TRAVEL PROOF OF STUDENT STATUS

To be completed by an official College/University Representative. This document must be completed in full. Any documents with missing information will not be accepted.

This document is to certify that the following student is registered in your college/university in good standing as a full time student for the current academic year as well as to verify the college/university official summer break dates.

Student Name: ______

College/University Information:

Name:				_
Address:				
	Postal Code: .			
Phone number:		Fax number:		
Website:				
The official colleg	e/university's summer brea	ak is:		
Month Da	ite: Year:	until Month	Date	Vear
		untin Montin.		
Name of School Re	presentative Completing Fo	rm		
Job Title				
Email address				
Signature				
Date				