

## Educational Verification for Student Workers

---

**Student:** Please complete this form and return to your Personnel Office.

“I, \_\_\_\_\_, am currently (or will be) enrolled at, \_\_\_\_\_  
(print name) (educational institution)  
 for the period from \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_\_. I will notify my  
 Personnel Office immediately when my enrollment ends.”

**My educational goal/objective is** (e.g., *Bachelor’s degree in X, High School graduation with courses in Business*): \_\_\_\_\_

---



---

**The anticipated date of completion is** \_\_\_\_\_.  
(date)

**For the current/upcoming quarter/semester** (circle which), **I will be taking** \_\_\_\_\_ **credits distributed as follows:**

Course	Credits	Course	Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

---

### To report prior student worker employment

**If you have prior employment as a student worker in this or another state agency, list it below:**

Agency	From Mo/Yr	To Mo/Yr
_____	____/____	____/____
_____	____/____	____/____
_____	____/____	____/____

---

### To verify continued student status

**If you have been employed as a student worker for more than 6 months, please detail your educational attendance during the present and previous academic years.**

Academic Year	Institution(s)	Quarter/Semesters Attended <small>(circle which)</small>
9/_____ to 8/_____	_____	Fall Quarter/Winter Quarter/Spring Quarter Fall Semester/Winter Semester 1st Summer School/2nd Summer School/Interim
9/_____ to 8/_____	_____	Fall Quarter/Winter Quarter/Spring Quarter Fall Semester/Winter semester 1st Summer School/2nd Summer School/Interim

# To verify continued enrollment and educational progress

Since I last filed an educational verification, I have completed the following courses with the following results (provide listing or attach copies of transcripts):

Course	Credits	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



*If you knowingly provide false information for the purposes of obtaining employment, you may be convicted of a misdemeanor and dismissed from your position (M.S. 43A.39).*

Student Signature \_\_\_\_\_

Date Information Provided \_\_\_\_\_

**Please be advised that if you are to continue employment in a student worker class, you must submit another educational verification/continuation form every 6 months to your personnel office.**

## Personnel Office

**Retain a copy of this form on file for audit purposes. Obtain updates every six months during the student's employment and maintain them for 1 year from the date received for audit by MMB.**

Position number for student position: \_\_\_\_\_

**"I certify that the above appointee is eligible for appointment to or extension in a student worker position."**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Agency)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)