

Proof of student Status form

Student Name:

Name and address of college or university:

Major Field of Study:

Number of years of university study student will have completed at time of
Participation in the YMCA & Travel Program:

Month and years student complete studies:

Dates of summer break from college or university:

From: _____ (Month) _____ (Day) _____ (Year)

To: _____ (Month) _____ (Day) _____ (Year)

To be completed by University Official (please print)

I certify that: Mr. /Ms. is a full-time enrolled matriculating student

at our institution; that the above information is correct; and that he/she will continue his/her studies upon

completion of the YMCA Summer Work & Travel Program.

Name/Title:

Signature:

Date: (Month/Day/Year) / /

University Seal or Stamp