

**\*\*May attach separate sheet if necessary**

**Student Name:** \_\_\_\_\_ **Area of Focus:** \_\_\_\_\_ **Promotion Year:** \_\_\_\_\_

[illegible]



**Extra Curricular Verification**  
**\*\*May attach separate sheet if necessary**

**STUDENT NAME:** \_\_\_\_\_

**VAPA AREA OF FOCUS:** \_\_\_\_\_

**STUDIO NAME** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

CLASS/COURSE	DESCRIPTION	INSTRUCTOR NAME	START DATE	END DATE

**To be completed by studio/company owner or instructor:**

I confirm that \_\_\_\_\_ has completed the above classes/instruction.  
(student's name)

Full Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_