

TRAINING SATISFACTORY PROGRESS REPORT

Claimant Name _____

Social Security Number _____

Este reporte de avance satisfactorio lo tiene que verificar un representante de la escuela. Por favor complételo con el representante quien tendrá que firmar éste reporte.

You must be making satisfactory progress in your full time training program to remain eligible for Commissioner Approved Training (CAT) and /or Training Benefits. Your certification of satisfactory progress must be signed by the registrar or an equivalent person designated by your school.

Satisfactory progress means:

- You have a grade point average which does not fall below 2.0 for two consecutive quarters;
- Your grade point average is sufficient to graduate from, or receive certification in, your approved area of study; and
- You are on track to finish your approved training within the time frame established under your approved training plan.

In self-paced or ungraded learning programs, satisfactory progress means participating in classes and passing certification examinations within the time frame established under your approved training plan.

A. If you are currently enrolled in school:

1. Name of school: _____
2. Are you attending classes full-time? YES NO (if no, explain on back)
3. Are you making satisfactory progress in each class? YES NO (if no, explain on back)
4. Have you changed your major area of study? YES NO (if yes, explain on back)
5. Have you changed schools? YES NO (if yes, explain on back)

B. If you are no longer in training:

Did you satisfactorily complete the training? YES NO

If yes, date completed: _____

What degree, certificate, or license earned? _____

If no, what date did you leave training? _____ (explain on back)

C. To be completed by the school registrar or registrar's designee:

Is the above information provided by the student complete and correct to the best of your knowledge? YES NO (if no, please explain on back)

Registrar Name: _____ Title: _____ Phone: _____

Signature: _____ Date: _____

Claimant: Sign and mail (or fax) this form to: Unemployment Insurance Imaging, P.O. Box 19019, Olympia, WA 98507-0019; Fax: 800-301-1796. If you do not, your benefits may be denied and you may have an overpayment.

Claimant Signature: _____ Date: _____