

### Proof of Student Status

This form should only be completed by the educational establishment Student Services, Registry Department or by Designated Heads of Department

I can confirm that		Date of Birth	___/___/___
Term time address is			
Home address (if known and if different from above)			
and is a full time student/student nurse ( please indicate ), taking the following course of education.			

Certificate/Qualification			
Course name			
Course start date*	___/___/___	Course end date*	___/___/___
<b>* Actual start/stop date of course not term dates or academic year.</b>			
Length of course within academic year			weeks
Average attendance per week <i>*(combined; tuition, study &amp; work experience)</i>			*hours
Total length of course (years)		Current year of course (1st, 2nd, 3rd etc)	

<b>College/University stamp</b>	<b><i>This form may not be accepted if not signed/stamped by Student Services, Registry Department or Designated Heads of Department</i></b>
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Signed	
Print Name	
Position	
Department	
Date	
Contact Number	

Please Return this form to: **Glasgow City Council, P.O.Box 36, 45 John Street, Glasgow G1 1JE**