Print Form

MONTANA ASSOCIATION OF SkillsUSA

NAME OF SCHOOL: _____

Professional Development Program – Levels 2, 3, and/or 4
Verification of Completion

STUDENT'S

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Parents' Name and Address: _____

_____

_____

Name of School: _____

Training Program: _____ **Grade:** _____

Instructor: _____

Level(s) of Professional Development Program Completed: _____

Date of Completion: _____

SkillsUSA Experience (Meetings attended, offices held, etc.)

Other Leadership/work Experience/Awards:

Student's Signature: _____ **Date:** _____

Advisor's Signature: _____ **Date:** _____

Administrator or Advisory Council Member Signature: _____ **Date:** _____

DUE March 1, 2008

_____
Print Student Name

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