**McFatter Technical College and Technical High School**

**Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Program Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campus: \_\_\_ Main \_\_\_ Ashe**

**Industry Credential Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Industry Credential Taken: \_\_\_\_\_\_\_\_\_**

1. **Student MUST have been enrolled between 07/01/2016 and 06/15/2017 \_\_\_YES \_\_\_NO**
2. **Industry exam MUST have been completed & earned between 07/01/2016 and 06/15/2017 \_\_\_YES \_\_\_NO**

***(Both conditions must be met and all paperwork MUST BE submitted no later than June 15, 2017 or application cannot be reviewed to determine eligibility.)***

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FSI#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security#** Last 4 digits only: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payee Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**---------------------------------------STUDENTS DO NOT WRITE BELOW THIS LINE--------------------------------------**

***MTC Designee Verification of the Following:***

*Exam is listed on Perkins PS Clock Hour \_\_\_YES \_\_\_NO*

*Performance Incentive Funding (PIF) \_\_\_YES \_\_\_NO*

*DOE Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOE Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOE Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOE Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

* *Test completion is within timeframe*
* *Student was registered and in good standing at the Technical College*
* **Students Must Provide the Following:**

\_\_\_\_ *Copy of Official Exam Registration (Authorization to Test; Email; Letter)*

*\_\_\_\_ Copy of Payment Verification (Payee credit card receipt; Bank statement; Cashier’s check; Money order)*

*\_\_\_\_ Official Proof Exam Passed: (Email; Letter, copy of credential or license)*

1. Has the student received a refund for another exam? \_\_\_YES \_\_\_NO If YES, Amount: \_\_\_\_\_\_\_\_\_\_\_
2. Has student exceeded the $465.00 maximum threshold? \_\_\_YES \_\_\_NO
3. Does Student Qualify for a Refund? \_\_\_YES \_\_\_NO
4. If YES, Total Amount of Refund: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Technical Program Assistant Director/Designee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_**

**Technical College Director/Designee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_**