FULL-TIME STUDENTS

The undersigned hereby declares that	
· · · · · · · · · · · · · · · · · · ·	Student's Name
is currently enrolled as a full-time student at	Name of Educational Institution
a postsecondary educational institution.	
Dated this day	
of, 20	
Name of Educational Institution	
By:	
Signature of Appropriate Official	
As:	
Title of Appropriate Official	