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Phone: 325-795-4200; Fax: 325-795-4380

## HOMWORK VERIFICATION FORM

I, \_\_\_\_\_, am enrolled in \_\_\_\_\_ semester/quarter hours at \_\_\_\_\_ during the \_\_\_\_\_ semester/quarter. As noted below, I am also completing study/homework time each week, which is necessary in order to meet course requirements. This form is being completed on the date of \_\_\_\_\_.

\_\_\_\_\_  
Workforce Customer Signature

Course Name	Weekly Study Hours Needed	Instructor Signature

*Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.*

*Relay: 1-800-735-2989 (TTY) / 711 (Voice).*

*This service is funded in whole or in part with federal funds. More detailed information is located on the Board's website at*

*<http://www.workforcesystem.org/107/Public-Information>.*

*Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud.*