Clock Hour Request Form

Use this form to request Certification for GI Bill Benefits as Clock Hours of a credit course requiring practical training.

I request that the following credit course be certified as clock hours and that the information listed below is true and correct by my signature.

Semester & Year: _______________ Degree Plan Title: __________________________

Course Name & Number: _______________________________________________________

Number of required clock hr. attendance per week: _______ Total number of hours per semester: _______

Name & Address of site location of clock hr. training: __________________________________________

Name of Student: ___________________________________ Student ID or SSN: ______________________

Signature of Student: __________________________ Date Signed: ________________

Authorization of Department Head/Director/Instructor

The above information is correct and authorized by:

Name of Campus: ___________________ Name of Department: __________________________

Print name of Department Head/Director/Instructor: ________________________________

Signature of Department Head/Director/Instructor: ________________________________

Date Signed: __________________________