

PSAV STUDENT INDUSTRY CERTIFICATION REIMBURSEMENT FORM

2015-2016 SCHOOL YEAR

Name (print)	Date
Institution Name	
Term Attended	
Address	
Telephone	
Name of Industry Certification Exam	
Amount Paid	
I acknowledge by my signature below that I have papersed during the 2015-16 school year and am subr	•
Receipt of exam payment (must not have been p	aid for by the school or paid by an outside agency)
Proof of industry certification (must provide cert	ificate or official results showing a passing grade)
Copy of current student schedule or last term at	tended (school year 2014 through present).
I also understand that approval will take place only forms. Reimbursement may take several weeks for	if this application is complete, including all required processing.
Student Signature	Date
FOR CTE OFFICE USE ONLY	
APPROVED: Yes No	
Reason	