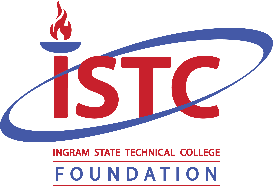
**Graduate / Completer** **Request for Assistance**

**Graduate / Completer Information:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | |  | AIS# |  | |
| Program of Study: | |  | | | | | |
| Graduation / Completion Date: | | |  |  | Instructor: | |  |
| Email: |  | | |  | Phone: | |  |
| Mailing Address: | |  | | | | | |
| City, State & Zip: | |  | | | | | |

**Employer Hiring Graduate / Completer:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company Name: | |  | | | |
| Mailing Address: | |  | | | |
| City, State & Zip: | |  | | | |
| Contact Person: | |  | | | |
| Phone: |  | |  | Email: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Details of request (tools, safety gear, licensure, fees, etc.) | |  | | |
|  | | | | |
|  | | | | |
|  | | | | |
| See attached list.    Send materials to the address listed above under: Employer Graduate / Completer | | | | |
| Requested by: |  | | Date: |  |
|  | Signature of ISTC Employee | |  |  |

*For Internal Use Only*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employer Verified: | |  | | | Letter Attached |  | Date: | | | | |
| Instructor Verified: | |  | | | |  | Date: |  | | | |
| Request Total: |  | | | | |  | Funding Source: | | |  | |
| Approved Disapproved Reason: | | |  | | | | | | Initial: | |  |
| Ordered From: | |  | | | |  | Date: |  | | | |
|  | | | | | | | | | | | |
| Delivered | | Shipped | | Picked-Up | |  | Date: |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date survey sent: |  |  | Response received: |  |

Revised 2-11-21