**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