

## WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) STUDENT ENROLLMENT/CERTIFICATION OF ATTENDANCE

**ATTENDANCE REQUIREMENTS**

All information contained within this document must be completed accurately in order to maintain funding under the WIOA attendance certification requirements. This form must be completed after the fifth AND last class meeting of courses attended at UCLA Extension. If enrolled in an **online** course please use the first date of the course starts then the same day of the week for each consecutive week. The *Class Time* should be general hours you work online such as 7-10pm.

**STATEMENT OF ATTENDANCE**

All information contained within this document must be completed accurately in order to maintain funding under the WIOA attendance certification requirements. This form must be completed after the fifth AND last class meeting the first quarter you attend UCLA Extension. In subsequent quarters, this form should be submitted within one week of completing each course.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security # (last 4 digits): \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Course Title: \_\_\_\_\_

Registration/Project #: \_\_\_\_\_

Course Begin Date: \_\_\_\_\_ Course End Date: \_\_\_\_\_

Dates of Attendance	Class Time	Dates of Attendance	Class Time

Submit this form to:  
 Financial Aid Office—UCLA Extension  
 Gayley Center, 1145 Gayley Avenue, 2nd Floor, Los Angeles, CA 90024  
 Fax: (310) 825-5686 Email: [finaid@uclaextension.edu](mailto:finaid@uclaextension.edu)

By signing below, I certify that I attended UCLA Extension classes as described above for stated enrollment period.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) BOARD ENROLLMENT STUDY PLAN AGREEMENT

Email: \_\_\_\_\_ Student ID: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (Best to contact during business hours): \_\_\_\_\_ Social Security # (last 4 digits): \_\_\_\_\_

Certificate Program Cost: \$ \_\_\_\_\_ Certificate Requirements Remaining:

Certificate Program Enrolled In: \_\_\_\_\_ # of Courses: \_\_\_\_\_

Work Source Center: \_\_\_\_\_ # of Electives: \_\_\_\_\_

WIOA Contract Dates: \_\_\_\_\_ to \_\_\_\_\_

**REQUIRED COURSES**

**FIRST YEAR**

**SECOND YEAR**

Project ID	Course #	Title	Units	FIRST YEAR				SECOND YEAR				
				FA	WI	SP	SU	FA	WI	SP	SU	

**RECOMMENDED ELECTIVES**

Project ID	Course #	Title	Units	FA	WI	SP	SU	FA	WI	SP	SU

I agree to the above *Enrollment Study Plan Agreement* as recommended by my certificate advisor. I understand that I must enroll in and complete each class with a letter grade of "C" or better.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Certificate Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office use only:</b>			
Financial Aid Approval: _____	Date: _____	Enrollment Processor: _____	Date: _____