

**Completed forms must be sent to the:  
Commission on Postsecondary Education**

**2800 E. St Louis  
Las Vegas, NV 89104**

**Fax to 702 486-7340 or  
Email to [kdwest@detr.nv.gov](mailto:kdwest@detr.nv.gov)**

**If information changes after submission, you must notify the CPE to update the file.**

SCHOOL ATTENDED		LOCATION		
YOUR FULL NAME			EMAIL ADDRESS	
MAILING ADDRESS			PHONE NUMBER	
NAME OF PROGRAM	PROGRAM LENGTH	START DATE	CREDITS/CLOCK HOURS COMPLETED	
LAST DATE OF ATTENDANCE		DID YOU GRADUATE?	GRADUATION DATE	
DID YOU TRANSFER		NEW SCHOOLS NAME	NEW PROGRAM OF STUDY	
<b>Funding Method – Check All That Apply</b>			<b>Amount Paid To The School</b>	
<input type="checkbox"/>	Cash, credit, or debit card			
<input type="checkbox"/>	Vocational rehabilitation, VA or similar program*			
<input type="checkbox"/>	Private loan*			
*Complete the following for any loan or payments made by other entities such as Vocational Rehabilitation, WIOA or similar:				
NAME OF LENDER/PAYER	MAILING ADDRESS	CONTACT PERSON	PHONE #	EMAIL ADDRESS

**YOU MUST PROVIDE A COPY OF YOUR ENROLLMENT AGREEMENT, RECEIPTS, AND ALL OTHER DOCUMENTS TO SUBSTANTIATE EXPENSES.**

Enrollment Agreement copy attached	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
All copies of receipts for monies paid including cash and loans attached	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Copies of Promissory Notes, Loans Documents attached		Yes		No
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"I declare under penalty of perjury under the laws of the State of Nevada that the foregoing and all attachments are true and correct."

Signature

Date