

**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**

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	
Funding Method – Check All That Apply			Amount Paid To The School	
<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	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--	--------------------------	-----	--------------------------	----

"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