

## MIAMI-DADE COUNTY PUBLIC SCHOOLS

## Office of Postsecondary Career and Technical Education Money-Back Guarantee Program Verification Form



start Ierm: Date	: Student ID No	Student D.O.B
_ast Name:	First Name:	Middle Name:
Address:	City and State:	Zip Code:
Phone:	E-Mail Address:	
Program Selection:		
☐ Aviation Powerplant Mechanics	☐ Heating, Ventilation Air Conditionin	g/Refrigeration HVAC/R) 1
☐ Medical Assisting		
Student Signature:		Date:
	FOR OFFICE USE ONLY	
Requirements (Coded)		Documentation (Signed Off by Administrator or Designee and attached)
<b>01: Student Attendance</b> – Student has attended 90% or more of total scheduled program hours.		
<b>02: Student Academic Performance –</b> Student has a minimum 3.5 GPA on all program coursework.		
	ance – Student has documented attendand t at the technical college of enrollment.	ce
<b>04: Job Search Documentation</b> demonstrating application to at that they have attended 5 scheol	least 5 jobs. Student has documentation	
05: Student met with job place	ment specialist/ designee.	
06: Student earned all program	n certificates and/or licenses.	
07: Student has completed exist	t survey.	
08: Student has documented out-of-pocket expenses.		
efund Status:		
pproved Amount: \$	Disapprove	ed Requirement Code:
tudent Services Signature:	Date:	
rincipal or Designee Signature:	Date:	