

NAME OF TAA TRAINING PARTICIPANT (First, Middle Initial, Last): _____ PETITION NO: _____

_____ SID: _____

DATE OF ENROLLMENT: _____ ANTICIPATED COMPLETION DATE: _____

NAME OF TRAINING FACILITY: _____

ADDRESS STREET: _____

CITY: _____

STATE/ZIP CODE: _____

PARTICIPANT STATUS

- COMPLETED TRAINING COURSE** (Date) _____
This means the student has completed all requirements for their Certificate or Diploma. Date needs to be the last day the student attended classes.
- NEEDS AMENDED** - This means the student will not be able to complete their requirements for their certificate or diploma by the anticipated completion date above and will need extra time to complete. Student should be directed to their local American Job Center to speak with their TAA Representative.
- WITHDREW FROM TRAINING** (Date) _____
This means the student stopped attending classes or had to drop out of classes for personal reasons and did not complete training. This is the actual last date the student attended classes.
- TERMINATED BY TRAINING FACILITY PRIOR TO COMPLETION** (Date) _____
Please give an explanation below as to why the student was terminated and the actual last date the student attended classes. **Reason student was terminated by training facility - (Explain on another sheet of paper if necessary.)**
- FAILED TO BEGIN PARTICIPATION**
If possible, student should be instructed to go to American Job Center and notify TAA Representative of their situation. **Reason student failed to begin participation if reason is given - (Explain on another sheet of paper.)**
- ENTRY DATE DELAYED UNTIL** (Date) _____
This means the student was not able to begin training as of the Date of Enrollment listed above, because the training was delayed. This is the exact date the student can begin approved training. Student should be directed to visit their local American Job Center to have the TAA Representative request an Amended/Supplemental.
Reason student's enrollment was delayed - (Explain on another sheet of paper if necessary.)

SIGNATURE OF TRAINING FACILITY REPRESENTATIVE: _____ DATE: _____
TITLE: _____

PLEASE RETURN TO: _____ TAA REPRESENTATIVE
 _____ AMERICAN JOB CENTER
 _____ ADDRESS
 _____ CITY, STATE, ZIP
 _____ PHONE
 _____ EMAIL