SAA-5

TWO YEAR PERIOD OF OPERATION

Date: _____

School Name: _____ Address _____

City: _____ State: _____ Zip: _____ County: _____ Phone Number: _____

The following list of students is furnished as proof the above named school has offered the course or courses proposed to the State Approving Agency for approval for the training of veterans has been in continuous operation for a period of at least two years prior to the date of application submitted to the State Approving Agency.

Copies of the school's student invoices are attached as proof the listed students were enrolled. Invoices show the date, to whom paid, the amound, and for what purpose.

_____ _____

Signature of School Official Title

STUDENT NAME AND ADDRESS	PHONE NUMBER	COURSE PURSUED	DATE ENTERED	DATE GRADUATED