

**AIMS EDUCATION (Main)**

4500 New Brunswick Ave  
 Piscataway, NJ 08854  
 (908) 222-0002



Excellence & Success

**AIMS EDUCATION (Edison)**

2672 Woodbridge Ave  
 Edison, NJ 08837  
 (908) 222-0002, Ext. 400

**STUDENT VERIFICATION / CERTIFICATE REQUEST FORM**

Student ID: \_\_\_\_\_ Program Name: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

I attended the school between the dates of: \_\_\_\_\_ and \_\_\_\_\_

In completing this verification request form, I certify that all the information above is correct and updated to the best of my knowledge. I understand and agree that it may take 2 to 3 weeks to verify my information by school and also, I am aware that during this verification process I can be contacted by school to fulfill all the requirements and once I am clear from all departments, it will take another 1 week to process my certificate.

**Name to Appear on Certificate** \_\_\_\_\_

\_\_\_\_\_ Student Sign

\_\_\_\_\_ Date

**(Office Use only)**

Clinical Internship	Academics		Finance Dept.	
	Attendance	Grades	Accts Rec/Pay	Financial Aid
Total Clinical Hrs. Completed _____	Total Didactic Hrs. Completed _____	Cleared all required Exams  Yes___ No ___	Fees Received: Yes___ No ___ If No, write reason with Balance:	All Doc. Requirement Yes___ No ___
Pre-Clinical Hrs. Completed _____	Yes___ No ___ Date:_____	Transcript check OK?  Yes___ No ___		Can complete Program On / After:  / / <small>Sub to Academic Requirements</small>
LDA: _____				
Sign _____  Date _____	Sign _____  Date _____		Sign _____  Date _____	

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**FINAL FINDINGS / CERTIFICATE PROCESS FORM**

Dear \_\_\_\_\_

Your file has been reviewed by various departments of the school. Please see school registrar office for the same

\_\_\_\_\_ **have some findings\***

**Findings:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*I understand and agree due to above reason my certificate cannot be processed until all the requirements are fulfilled.

\_\_\_\_\_  
Student Sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Sign

\_\_\_\_\_  
Date

\_\_\_\_\_ **do not have any findings and file is clear for Certificate Process**

**(Office Use only)**

\_\_\_\_\_  
Certificate Issuer Sign

\_\_\_\_\_  
Graduation Date

\_\_\_\_\_  
Official Transcript Issuer Sign

\_\_\_\_\_  
Date