



GRADUATION DATE VERIFICATION (GDV) FORM

Directions at Time of Application

1. Applicant **must** complete **all** fields in Section A (General Information) and Section B (Program Enrollment Certification).
2. Upon completion of Section A and B, Applicant **must** obtain the signature of Program Director or Appropriate Designee in Section B.
3. Once both Section A and B have been completed and signed, Applicant must upload completed form into eApp by the application deadline.

Directions if Awarded

1. Upon graduation, Awardee will need to download the same form originally submitted with their application.
2. Awardee will need to have Program Director or Appropriate Designee complete and sign Section C (Graduation Certification).
3. Once Section C has been completed and signed, Awardee must upload completed form into eApp for program review.

GENERAL INFORMATION

A.

Applicant's Name: _____

This authorization is to release information concerning my education as required below. To establish eligibility for the Health Professions Education Foundation Scholarship Program, verification of education is required.

Applicant's Signature: _____ Date: _____

School Name: _____

School Mailing Address: _____

City: _____ Zip: _____ County: _____

PROGRAM ENROLLMENT CERTIFICATION

B.

Most Recent GPA: _____ Program Accepted or Enrolled In: _____

Program Start Date: _____ OR Expected Program Start Date: _____

of Units Enrolled: _____ Type of Units: (Please select one) Semester Quarter Trimester

(A minimum of six (6) semester units, or its equivalent is required until program completion.)

Expected Program Graduation Date: _____

To be Signed by your Program Director or an Appropriate Designee

I declare under penalty of perjury that the information contained in this section is true and correct to the best of my knowledge.

Program Director / Appropriate Designee Printed Name

Date

Program Director / Appropriate Designee Signature

GRADUATION CERTIFICATION

C.

To be Completed and Signed by your Program Director or an Appropriate Designee

I declare under penalty of perjury that the information contained in this section is true and correct to the best of my knowledge.

Program Director / Appropriate Designee Printed Name

Date Applicant Graduated: _____

Program Director / Appropriate Designee Signature

Date

Applicant: Upload this form and input the information provided above <https://eapp.oshpd.ca.gov/funding/>.