**Department of Higher Education**
**DIVISION OF PRIVATE OCCUPATIONAL SCHOOLS**

STD ENR-1 Rev09.21.09

# STUDENT ENROLLMENT/ASSESSMENT CERTIFICATION

for the period

JULY 1, 2009 THROUGH SEPTEMBER 30, 2009

## DUE: OCTOBER 15, 2009

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**PLEASE PRINT NAME OF SCHOOL**

(One form for each location)

**TOTAL:** _____ **@ $3.50 per enrolled student****  **$** _____

No. of Students* Amount Submitted

Check No. _____

Check Date _____

* In the event of ZERO students attending training during this time period, a school is required to complete and submit this form indicating Zero (0) students.

**Students enrolled in all Programs and Stand Alone Courses, including Continuing Ed courses

**Totals Certified by:**

Name_____ _____
Print Signature

School Address_____
Street City State Zip

- **Please be advised that this information is SUBJECT TO AUDIT and that providing false, incorrect, or misleading information is a violation of SECTIONS 12-59-113(4) AND 12-59-117(1)(a), C.R.S.**
- **Please be advised that failure to report the correct Student Nos. and Fees by the listed DUE DATE is a violation of Section 12-59-116(1), C.R.S. and Board Rule II, paragraphs E and F.**

**PLEASE REMIT PROPER AMOUNT WITH THIS COMPLETED FORM NO LATER THAN OCT 15, 2009.**

**1560 Broadway, Suite 1600, Denver, Colorado 80202 • (303) 866-2723 • FAX (303) 866-4237**