9. Enter the date the student began or will begin full-time school attendance for the school year you are certifying. Date should be on or after date shown in block 2.

Month | *Day* | *Year* 9

○ JAN ○ FEB ○ MAR ○ APR ○ MAY ○ JUN ○ JUL ○ AUG ○ SEP ○ OCT ○ NOV ○ DEC

Day: 0 1 2 3 / 0 1 2 3 4 5 6 7 8 9 — Year: 0 1 2 3 4 5 6 7 8 9

10. Enter the date this school attendance will end or ended. If the student plans to attend for the full school year, you should show the ending date of the full school year *(NOT the semester)*. This date must be later than the date shown in block 9.

Month | *Day* | *Year* 9

○ JAN ○ FEB ○ MAR ○ APR ○ MAY ○ JUN ○ JUL ○ AUG ○ SEP ○ OCT ○ NOV ○ DEC

Day: 0 1 2 3 / 0 1 2 3 4 5 6 7 8 9 — Year: 0 1 2 3 4 5 6 7 8 9

11. Is the date given in block 10 the end of the school year?

○ Yes ○ No

12. Does the student intend to return to school full-time after the date shown in block 10, with less than a 5 month break?

○ Undecided

○ No

○ Yes. Show the beginning date of the next school year in block 13.

13. Enter the *estimated* date the student will begin full-time school attendance for the next school year after the school year shown in blocks 9 - 10.

Month | *Year* 9

○ JAN ○ FEB ○ MAR ○ APR ○ MAY ○ JUN ○ JUL ○ AUG ○ SEP ○ OCT ○ NOV ○ DEC

Year: 0 1 2 3 4 5 6 7 8 9

14. Type of School

○ High School

○ Trade/Technical/or Vocational

○ Jr. College/College/ Community College/or University

○ Other:

15. Hours of School Attendance

Mark only one (A or B) below

○ A: Classroom Hours per week, such as for High Schools or trade schools. (Combine work/study hours if in a high school work study program.)

Total Hours: 0 1 2 3 4 / 0 1 2 3 4 5 6 7 8 9

○ B: Credit Hours such as for college.

Total Hours: 0 1 2 / 0 1 2 3 4 5 6 7 8 9

16. Is the student in a school-sponsored co-op or internship program?

○ Yes (Attach a letter from the school explaining the program.)

○ No

***WARNING:** Any intentionally false statements or willful misrepresentations are punishable by fine, imprisonment, or both (18 USC 1001).*

17. I certify that all information given in this certification is true and correct to the best of my knowledge and belief. I understand that I must immediately notify the Office of Personnel Management (OPM) if the student transfers to another school, discontinues school attendance, reduces attendance to less than full-time, marries or dies. I agree to return all overpayments of student benefits, including over-payments that may be made after I notify OPM of any terminating event. I understand OPM may ask the school to verify the accuracy of the information I am furnising.

Signature of payee *(person who is receiving the payments)*

Daytime telephone number *(including area code)* (   )

Date *(mm/dd/yy)*

Reverse of RI 25-14
Revised February 1995

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