

VERIFICATION OF STUDENT STATUS

Dear Faculty advisor or responsible institutional representative,

The following student, _____ (student name) has requested to register for our forthcoming conference or has applied for membership as a “student.” Students receive subsidized registration and membership rates supported by funds donated for that purpose.

Since funds are limited, we need to ensure that they are used to support students genuinely in need. We define a “student” as *“someone who is enrolled in a degree-granting program (either undergraduate or graduate) at an institution of higher learning and registered full-time according to the definition of their respective academic institution, and who is not employed full-time.”*

Accordingly, we would be most grateful if you could answer the following questions about the student named above

1. Is he/she “enrolled in a degree-granting program (either undergraduate or graduate) at an institution of higher learning”?

Yes No

If yes, please name the program _____ and the institution

2. Is he/she registered full-time according to the definition of your academic institution?

Yes No

3. Is he/she “employed full-time” in a job paying competitive market salaries?

Yes No

Name _____

Signature _____

Date _____

Your position _____

(e.g., faculty advisor, program director, department head)

**Upload this form completed when registering at
<https://symposia.gerad.ca/iaee2019/>**