

PETITION NO. _____

NAME OF TAA TRAINING PARTICIPANT (First, Middle Initial, Last) _____

SSN _____

DATE OF ENROLLMENT _____

ANTICIPATED COMPLETION DATE _____

NAME OF TRAINING FACILITY _____

ADDRESS STREET _____

CITY _____ STATE _____ ZIP CODE _____

PARTICIPANT STATUS

COMPLETED TRAINING COURSE (Date) _____

This means the student has completed all requirements for their Certificate or Diploma. Date needs to be the last day the student attended classes.

NEEDS AMENDED - This means the student will not be able to complete their requirements for their certificate or diploma by the anticipated completion date above and will need extra time to complete. Student should be directed to their local American Job Center to speak with their TRA Representative.

WITHDREW FROM TRAINING (Date) _____

This means the student stopped attending classes or had to drop out of classes for personal reasons and did not complete training. This is the actual last date the student attended classes.

TERMINATED BY TRAINING FACILITY PRIOR TO COMPLETION (Date) _____

Please give an explanation below as to why the student was terminated and the actual last date the student attended classes. **Reason student was terminated by training facility** - (Explain on another sheet of paper if necessary.)

FAILED TO BEGIN PARTICIPATION

If possible, student should be instructed to go to Career Center and notify TRA representative of their situation. **Reason student failed to begin participation if reason is given** - (Explain on another sheet of paper.)

ENTRY DATE DELAYED UNTIL (Date) _____

This means the student was not able to begin training as of the Date of Enrollment listed above, because the training was delayed. This is the exact date the student can begin approved training. Student should be directed to visit their local Career Center to have the TRA Representative request an Amended/Supplemental. **Reason student's enrollment was delayed** - (Explain on another sheet of paper if necessary.)

SIGNATURE OF TRAINING
FACILITY REPRESENTATIVE _____

TITLE _____

LO NO _____

DATE _____

RETURN TO:

**TRA UNIT
TN DEPT OF LABOR AND WORKFORCE DEVELOPMENT
P O BOX 280450
NASHVILLE TN 37228**

FAX: _____

PHONE: (877) 813-0950