

**First-To-Work Program
MONITORED STUDY SESSION FORM**

Student Name: _____

HANA ID#: _____

Educational Institution: _____

Month/Year: _____

1. Certification: By signing below I certify that, to the best of my knowledge, all information below is accurate and true.

Print Name of Authorized Study Monitor

Signature of Authorized Study Monitor

Date of Signature

Phone Number

Study Monitor Email Address

Other Contact Information

2. Educational Activity Attendance Log

Date of Attendance	Class Title / Subject	Attendance Start Time	Attendance End Time	Total Attendance Time

Date of Attendance	Class Title / Subject	Attendance Start Time	Attendance End Time	Total Attendance Time

3. Department Use:

- Vocational Educational Training
 Job Skills Training
 Education Directly Related to Employment
 Secondary School Education

Total Core Hours _____
 Total Non-Core Hours _____
 Date Entered into HANA _____
 CM's Initials _____