

# WA State GEAR UP

## Postsecondary Support – Student



Date	Student Name (Printed)	Total Time w/ Student	Primary Purpose of Support Provided	Postsecondary Support Provided (As Designated in the Work Plan)
				<input type="checkbox"/> Academic Advising & Support <input type="checkbox"/> Financial Aid Support <input type="checkbox"/> Social Integration Support <input type="checkbox"/> Transition Support
				<input type="checkbox"/> Academic Advising & Support <input type="checkbox"/> Financial Aid Support <input type="checkbox"/> Social Integration Support <input type="checkbox"/> Transition Support
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I certify that the above student participated in this activity.

GU Advisor Signature \_\_\_\_\_

Date \_\_\_\_\_